



# Automatic Transfer Authorization - Amendment

Revised 6/25/19



**\*\*Changes must be received 10 business days prior to the requested effective date\*\***

DATE: \_\_\_\_\_ BANK EMPLOYEE: \_\_\_\_\_  
 CUSTOMER NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_ TIN: \_\_\_\_\_  
 CUSTOMER ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 (City/State/Zip): \_\_\_\_\_

## CURRENT TRANSFER INFORMATION

External: (Monthly) **OR**  Internal:  
 Daily  Weekly  Bi-Weekly  Semi-Monthly  Monthly  Quarterly  Semi-Annually  Annually

Transfer Amount \_\_\_\_\_ Credit Account Number \_\_\_\_\_ Debit Account Number \_\_\_\_\_ Transfer Date \_\_\_\_\_

## AMENDMENT(S)

<input type="checkbox"/> <b>Temporary Change Options</b>	<input type="checkbox"/> <b>Permanent Change Options</b> (effective until cancelled/amended)
<input type="checkbox"/> <b>New Amount:</b> _____ Beginning Date: _____ Effective Until: _____ <small>(Original Agreement will take effect after this date.)</small>	<input type="checkbox"/> <b>New Amount:</b> _____ Beginning Date: _____
<input type="checkbox"/> <b>Day of Month:</b> _____ Beginning Date: _____ Effective Until: _____	<input type="checkbox"/> <b>Day of Month:</b> _____ Beginning Date: _____
<input type="checkbox"/> <b>Skip a Payment:</b> _____ Date(s) to Skip: _____ Date to Resume: _____ <small>(Payment will resume on this date.)</small>	<input type="checkbox"/> <b>New External Routing Number:</b> _____ Beginning Date: _____
<input type="checkbox"/> <b>Frequency: (Internal Transfers ONLY; choose one)</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	<input type="checkbox"/> <b>New Account #:</b> _____ <input type="checkbox"/> Debit <input type="checkbox"/> Checking <input type="checkbox"/> Credit <b>OR</b> <input type="checkbox"/> Savings <b>OR</b> Beginning Date: _____
	<input type="checkbox"/> <b>Frequency: (Internal Transfers ONLY; choose one)</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually

## CANCELLATION REQUEST

I authorize Cache Valley Bank to **Permanently Cancel the Recurring Transfer.**

Requested Cancellation Date: \_\_\_\_\_ Customer Signature: \_\_\_\_\_

## AUTHORITY FOR AUTOMATIC TRANSFER OF FUNDS

I hereby authorize Cache Valley Bank ("bank") to make the transfer(s) indicated above until further notice from me. If this agreement changes, any prior authorization between the bank and me, the prior authorization is hereby cancelled, and I instruct the bank to follow this authorization. I further acknowledge that the bank has no responsibility to contact me when the above transfer(s) occur(s). If the transfer date chosen falls on a non-business day, I understand that the amount specified will be transferred on the business day after that date. I understand that I can call the bank to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account one business day prior to and on the transfer date(s) in order for the bank to make the automatic payment(s). I acknowledge that if sufficient funds are not available in my Cache Valley Bank account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge that the bank will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payment(s). Notice of termination/amendment of this transfer must be received by the bank no less than 10 business days prior to the next scheduled transfer date and shall be effective only with respect to entries initiated by the bank after the bank has had a reasonable time to act. By my signature, I guarantee that I have legal right to conduct any and all business on the accounts listed above.

Customer Signature \_\_\_\_\_ Customer Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Internal Transfer Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Branch #: \_\_\_\_\_  
 External Transfers (to/from) send to [support@cachevalleybank.com](mailto:support@cachevalleybank.com)  Transfers to **CVB Mortgage** accts - send to [support@cachevalleybank.com](mailto:support@cachevalleybank.com)  
 External Transfer Completed By: \_\_\_\_\_  Document scanned and indexed on Arc Image:  
 Spreadsheet Updated - Main Office (for External Accounts)  **Internal** scanned at Branch to DEP Automatic Transfer - Internal  
 **External** scanned at Main Office to DEP Automatic Transfer - External

