

**AUTHORIZATION TO TRANSFER FUNDS  
BETWEEN ACCOUNTS**

Date: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

Transfer from account: \_\_\_\_\_

Transfer to account: \_\_\_\_\_

Amount to transfer: \_\_\_\_\_

Requested by: \_\_\_\_\_

Authorized by: \_\_\_\_\_  
(Authorized Check Signer)

\_\_\_\_\_  
(Authorized Check Signer)

*This form must be signed by two authorized check signers before any transfer may be made.  
Signatures by facsimile copy will be accepted.*

Date of Transfer _____	Bank Transaction Number _____
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