



# ACH TRANSFER REQUEST FORM

NEW  AMENDMENT  CANCELLATION

Recurring  One-Time (Transfer Fee of \$40.00 will apply)

Please (check one)  DEBIT  CREDIT my Savings Bank of Walpole  
 Checking Account  Savings Account  Loan Account \_\_\_\_\_  
 Regular Payment or  Principal Only

Please (check one)  DEBIT  CREDIT  
 Checking Account  Savings Account  Loan Account # \_\_\_\_\_

In the Name(s) of \_\_\_\_\_

at (Bank Name) \_\_\_\_\_

Routing/ABA Number (9 Digits): \_\_\_\_\_

**IF DEBITING ACCOUNT AT ANOTHER FINANCIAL INSTITUTION PLEASE ATTACH PROOF OF OWNERSHIP (VOIDED CHECK, ETC) FROM THAT ACCOUNT. FOR MORE INFORMATION CALL 1-877-925-7653.**

Transfer Date \_\_\_\_\_ Transfer Frequency \_\_\_\_\_

Transfer Amount\* \_\_\_\_\_ Date of 1<sup>st</sup> Transfer\*\* \_\_\_\_\_

**\*\*Please allow five business days advance notice**

**Requested By:**

Name(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

\*I understand and acknowledge that the amount to be transferred may change subject to interest rate changes, late charges and/or changes in escrow.

*By signing the above, I understand that I must have sufficient funds on the date of transfer or my automatic funds transfer privilege may be discontinued.*

**The account owner affirms that no amounts transferred through this account will be for the purpose of making or accepting bets or wagers for illegal internet gambling**

### FOR BANK USE ONLY

Received by:	Name		Branch		Date	
Input By:		Verified By:			Date	