American Savings Bank *Money Connection Internal Transfer Authorization*

Transfer From Account Number _____

Customer Name: _____ Social Security Number: _____

Address: _____ Home Phone Number: _____

_____ Work Phone Number: _____

Request (Check one)	Effective Date	Transfer To Account	*Transfer Between Accounts (Y or N)	Account Type Code C=Checking S=Savings L=Non-Mort Loan	Start (Month/Day/Year)	End (Month/Day/Year)	** PMT FREQ Code (See Below)	Amount
				For internal transfers that reoccur automatically on a specific Date and for a set amount.				
? Add ? Change ? Delete	? Now ? After Next Payment							
? Add ? Change ? Delete	? Now ? After Next Payment							
? Add ? Change ? Delete	? Now ? After Next Payment							
? Add ? Change ? Delete	? Now ? After Next Payment							

*Transfer Between Accounts: Y=I would like to be able to transfer monies between both my "Transfer To Account" and my "Transfer From Account" on request.
N=I would not like to transfer monies between my "Transfer To Account" and my "Transfer From Account."

**PMT FREQ (Payment Frequency): D=Every business day of the month W=Weekly on Fridays M=Monthly Q=Quarterly (last business day in March, June, Sept., &Dec.) SA=Semi-Annually (last business day in June and Dec.) A=Annually (last business day in Dec.)

☐ I wish to **discontinue my Internal Transfer service** with American Savings Bank starting with payments on
(Month/Day/Year)_____

☐ I wish to **change my Internal Transfer service "from account number"** _____**to**

☐ Savings, or ☐ Checking account number _____starting with payment on
(Month/Day/Year)_____

I understand that in order for American Savings Bank to make a transfer from the account, I must have available funds in my account sufficient to make a scheduled transfer on the day before the transfer is to take place. All scheduled transfers occur in the evening of business days only.
I agree this authorization will remain in effect until I notify you in writing or by phone to end this agreement and give you a reasonable chance to do so, or give me 10 days advance written notice of your ending this agreement.

Customer Signature **Date**

Customer Signature **Date**