

Access DCB Transfer Form



By completing this form you are authorizing The Bank to activate all consumer accounts in which you are an owner so you may conduct account transfers through AccessDCB. If you have multiple accounts with us and do **not** want to allow transfers to occur on one of the accounts record that account information on the form in the area that begins “**I do not wish...**” and mark Inquiry Only. If there is an account you do **not** want to be able to access at all, record that account in the same area and mark “No Access”

Customer Information:

Name: _____

Address: _____

City, State, Zip: _____

Day Telephone:(_____)_____ Home Telephone:(_____)_____

Last Four Digits of SSN: _____ Mother’s Maiden Name: _____

I **do not** wish to have access to the following accounts:

		Inquiry Only	No Access
Account Number: _____	Account Type: _____	_____	_____
Account Number: _____	Account Type: _____	_____	_____
Account Number: _____	Account Type: _____	_____	_____

Special Instructions:

By signing below, I acknowledge that the information provided is correct. I also understand that this authorization is subject to approval by The Bank and that The Bank reserves the right in its sole discretion to deny Access DCB transfer rights and access at any time. I also acknowledge that The Bank or myself may terminate this authorization at any time. I understand that anyone who has access to my personal identification number will have access to transfer funds to and from any of the accounts for which I am an owner or authorized signer. I agree not to hold the bank liable for any incorrect transactions that may occur, or for any transactions that do not occur due to any unforeseen circumstances, or for any transactions that may occur through unauthorized use of my personal identification number. I also acknowledge that I received the Regulation E Disclosure at the time of account opening and accept the terms and conditions therein. I hereby give authorization to activate my accounts.

Authorized Signature of Depositor: _____ Date: _____

For Bank Use Only

Completed by: _____ Branch # _____ Date: _____

Input by: _____ Date: _____

Verified by: _____ Date: _____