Consumer Access DCB Transfer Form

DELAWARE COUNTY BANK

By completing this form you are authorizing DCB to activate all consumer accounts in which you are an owner so you may conduct account transfers through Access DCB. If you have multiple accounts with us and do not want to allow transfers to occur in all accounts record the account(s) that you would like to exclude on the form in the Account Access area 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: _____ Email Address: _____

Day Telephone: _____ Home Telephone: _____

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

Account Access:

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

Account Number	Account Type	Inquiry Only	No Access

Special Instructions:

By signing below, I acknowledge that the information provided is correct. I also understand that this authorization is subject to approval by DCB and that DCB reserves the right in its sole discretion to deny Access DCB transfer rights and access at any time. I also acknowledge that DCB 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 DCB 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.

Signature: _____ Date: _____

For Bank Use Only

Completed by: _____ Branch# _____ Date: _____

Input by: _____ Date: _____

Verified by: _____ Date: _____