



Cape Cod Cooperative Bank



AUTOMATIC TRANSFER AUTHORIZATION

Once complete please mail to the address below or drop this form off at your local branch.

Effective Date: _____ Termination Date (if Any): _____

We authorize and direct Cape Cod Cooperative Bank (CCCB) to make the following transfer of funds:

New Request: _____ **OR** **Change of Previous Transfer:** _____

Amount to be transferred: _____ **Frequency:** Weekly ___ Monthly ___ Other ___

FROM:

Account Title: _____

Account Number: _____ Checking ___ or SAV ___

TO:

Account Title: _____

Account Number: _____ Checking ___ SAV ___ LOAN ___

These accounts remain subject to their individual terms and conditions, which will not be modified by this authorization. If no termination date is specified above, this authorization will remain in effect until terminated by either the customer or CCCB. The customer may terminate this authorization by giving us 15 days written notice at the address below. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal.

Please note: You must be an owner/signer of the account to authorize this transaction

Customer Signature: _____
(Required)

Customer Signature: _____
(Required)

Office Use Only (Please Print)

Rcv'd/Taken by: _____ Date: _____ Branch #: _____