

For Bank Use Only

Form Completed By _____ Branch # _____

Manager Initials _____



Auto-Internal Transfer Authorization

NEW CHANGE CANCEL

To enroll in, change, or to cancel transfers, please complete the Allotment Authorization form and return to your nearest 1st Security Bank of Washington branch, or by fax, or mail. Please keep a copy for your records. For additional information about Allotment Authorizations, please contact us at 1-800-683-0973.

1st Security Bank of Washington
P.O. Box 97000
Lynnwood, WA 98046

From account number _____

Allotment/Transfer Type:

Scheduled

Interest

Transaction Type:

Deposit

Regular Payment

1st Transfer Date _____

Amount \$ _____

Calendar Period:

Monthly

Biweekly

Weekly

Due Day: _____

Account Receiving Money _____

By signing below, I understand and agree:

- It is my responsibility to maintain a balance in my "from account" to enable the transfer to be made on the date specified.
- If there are non-sufficient funds in the "from account" on the transfer date, available funds will not be used to make a partial transfer. This may cause late fines to incur if the transfer was to make a loan payment.
- The transfers will continue until I notify 1st Security Bank of Washington in writing to cancel the Allotment/Transfer or 1st Security Bank of Washington notifies me the Allotment/Transfer will be cancelled.
- 1st Security Bank of Washington must receive the written request for cancellation, seven business days prior to the transfer date.
- The amount transferred for 1st mortgage payments will automatically change with insurance or tax adjustments. I will receive advance notice of change.

Signature

Date

Set Up Date _____ Person # _____