

Branch(Dept.)#/Item#	Date Received	Time Received	Date Transferred
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DEBIT ACCT 신청인	Account No.: <input type="radio"/> DDA <input type="radio"/> SAV
	Account Name:
	Fund Transfer Agreement on File <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Customer Contacted _____ Call Back Phone No. _____

CREDIT ACCT 수신인	1. Account No.: <input type="checkbox"/> DDA <input type="checkbox"/> SAV	AMOUNT OF TRANSFER	\$	
	Account Name:	FEE	\$	
		TOTAL AMOUNT DEBITED	\$	
	2. Account No.: <input type="checkbox"/> DDA <input type="checkbox"/> SAV	AMOUNT OF TRANSFER	\$	
	Account Name:	FEE	\$	
		TOTAL AMOUNT DEBITED	\$	
	3. Account No.: <input type="checkbox"/> DDA <input type="checkbox"/> SAV	AMOUNT OF TRANSFER	\$	
	Account Name:	FEE	\$	
		TOTAL AMOUNT DEBITED	\$	
	4. Account No.: <input type="checkbox"/> DDA <input type="checkbox"/> SAV	AMOUNT OF TRANSFER	\$	
	Account Name:	FEE	\$	
		TOTAL AMOUNT DEBITED	\$	

Instruction 기타내용	
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Signature of Requestor 신청인의 서명	X	Date:
	Requested By	

For Completion by Branch/ Department		
Accepted by (Signature)	Approved by (Signature)	Block Entry By (Signature)