

Account Transfer Release Form

Date

I, _____ (_____) authorize _____
Receiving Member's Name Account # Sending Member's Name

to transfer funds into my account. I understand that my account number will be disclosed when

_____ uses CoastNet (Home Banking) or ART (Audio Response Teller) to transfer
Sending Member's Name

funds into my account. I also understand that _____ will not be able to see
Sending Member's Name
the balances on any of my accounts.

Signature of Receiving Member

Date