## St. Michael's

Inspired Care.
Inspiring Science.

## **AUTHORIZATION TO TRANSFER FUNDS**

Account notice ivalle.	
Department:	Office Address:
I authorize	
To transfer funds as follows:	
Debit Account:	Amount: \$
Credit Account:	Amount: \$
Close Account: ☐ Yes ☑ No	
Reason:	
Signature:	Date: