

**AUTHORIZATION TO TRANSFER FUNDS**

Account Holder Name:

Department:

Office Address:

I authorize

To transfer funds as follows:

|                 |                              |  |
|-----------------|------------------------------|--|
| Debit Account:  | Amount:                      | \$                                     |
| Credit Account: | Amount:                      | \$                                     |
| Close Account:  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Reason:

Signature:

Date:

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