



ONLINE INTERBANK TRANSFER ACCOUNT APPLICATION

This form is required to transfer funds to/from accounts in your name and social security number at other financial institutions. Please fill in the top box and return to address below.

Please allow up to 15 business days to process your request. This application must be forwarded by IC to your correspondent bank for verification. Once the correspondent bank has returned this verification, the option for External Transfer will appear in the Other Accounts section of Transfers. The external bank routing number and account number will be clearly noted.

IC FEDERAL CREDIT UNION ACCOUNT INFORMATION

Name: _____ SS#: _____

Home Phone: _____ Daytime Phone: _____

ENTER BANK TRANSFER ACCOUNT(S)

Financial Institution Name: IC Federal Credit Union, 300 Bemis Road, Fitchburg, MA 01420 978-343-3725

Account Number: Account Type: Checking Savings Loan

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CORRESPONDENT FINANCIAL INSTITUTION ACCOUNT INFORMATION

Financial Institution Name: _____ Address: _____

Exact Name on Account: _____ ABA Routing #:

Account Number: Account Type: Checking Savings Loan

ACH transaction capabilities: Debt/Credit Credit Only No ACH

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AUTHORIZATION

By signing below, I authorize IC Federal Credit Union to transfer funds electronically between my designated account(s) according to my instructions initiated through On-Line Banking. I also authorize the release of such information to IC Federal Credit Union as is necessary to link accounts for On-Line Banking.

Member Signature: _____ Date: _____

CORRESPONDENT FINANCIAL INSTITUTION ONLY – VERIFICATION OF RIGHTFUL OWNERSHIP

I verify that the above name and account information is correct, that the account does exist as an active account at our financial institution, and that the above account holder is an owner or authorized signer according to our records.

Printed Name of Representative: _____ Title: _____

Signature of Representative: _____ Date: _____

ACH & WEB BANKING SERVICES USE ONLY

Date Received by ICFCU: _____ Date Sent to Correspondent Financial Institution: _____

Date Referred by Correspondent Financial Institution: _____

Date Added to On-Line Record: _____ Entered By: _____ Verified By: _____

Return this form to: IC Federal Credit Union, Attn: Web Department, 300 Bemis Road, Fitchburg, MA 01420