



**INTERNAL FUNDS TRANSFER REQUEST**

409 Silverside Road, Suite 105  
 Wilmington, DE 19809  
 P: 877.226.2928  
 F: 302.791.5680  
 www.cfdbankingservices.com

The undersigned requests and authorizes cfd Banking Services to process the fund transfer transaction(s) between cfd Banking Services accounts in accordance with the instructions provided below:

**PART 1: Internal Funds Transfer Instructions**

Customer name on Donor Account:

Donor Account Number (Transfer funds from this account)	Recipient Account Number (Transfer funds to this account)	Customer name on Recipient Account	Transfer Amount

**PART 2: Limitations**

By signing below, I understand that customer transfer requests will be processed on the business day they are received, except in the following instances:

- The transfer amount exceeds the available balance in the Donor Account;
- The status of the Donor and/or Recipient Account prohibits processing of the request;
- There is a discrepancy in the information customer has provided that prohibits processing of the request;
- A signature card or other documentation is not on file for the Donor and/or Recipient Account;
- There is a failure of equipment or communications that prevents processing of the request; and/or
- cfd Banking Services receives notification or believes that the transfer request is forged, altered or unauthorized.

In addition, in the event the transferring accounts you have indicated on this request form are not titled the same or ownership among the transferring accounts changes, you agree that by signing this transfer request form and authorizing the requested fund transfer(s) you will indemnify cfd Banking Services for any losses incurred resulting from any transaction(s) you initiate between the indicated accounts that is later returned or reported as unauthorized. If any transfer you initiate cannot be verified or completed, cfd Banking Services will complete the transfer(s) it can and a notification will be sent to you regarding the transfer(s) that could not be processed, and you agree to hold cfd Banking Services harmless for any loss resulting from the incomplete transfer(s).

**PART 3: Signature**

Signature of requesting customer:	Date: (mm/dd/yyyy)
Print Name of requesting customer:	Telephone number of requesting customer: (include area code)

Please **mail or fax** this completed form to:

cfdbanking services  
 Attn: Fulfillment Department  
 409 Silverside Road, Suite 105  
 Wilmington, DE 19809  
 F: 302.791.5680

**FOR BANK USE ONLY**

Verified by:	Completed by:	Approved by:
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