



Internal Automatic Transfer Request

I/ We, _____, the undersigned, hereby instruct and authorize Sawyer Savings Bank to make the following transfer.

Monthly _____ Day of Month _____

Weekly _____ Day _____

Daily _____

Bi-weekly _____

From account # _____ to account# _____

Amount \$ _____

Monthly interest from account# _____ t o
account# _____, or

a bank check issued and payable to _____.

If there are not sufficient funds in the above account the transfer will not be made, but will continue on the next scheduled date.

Signature

Signature

Date

Date

Internal Use Only:

Completed By: _____

Date: _____

Verified By: _____