



Electronic Funds Transfer Application

Originating Account	
Account Name:	
Account Number	
Account Address	

Amount of Transfer:\$	Transfer Date:
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Receiving Bank	
Bank Name:	
ABA/Swift:	
Bank Address:	

Intermediary Bank	
Bank Name:	
ABA/Account:	
Bank Address:	

Beneficiary	
Name:	
Account Number:	
Address:	

Reference for Beneficiary:
Additional Information:

I have read the Alpine Capital Bank Account Agreement and Disclosures and agree that this Electronic Funds Transfer Application will be processed by the Bank in accordance with the terms and provisions of that Agreement.

Signature _____	Print Name _____	Phone Number _____
Signature _____	Print Name _____	Phone Number _____

FOR BANK USE ONLY		
Date Received:	Time Received:	EFT Fee:
Call Back (if applicable): By _____ Spoke with _____ Date/Time _____		
Signature Verification:	Funds Verification:	
Account Officer:	Approved By:	
Fed Input:	Fed Verify:	
IMAD:	OMAD:	