



ONE TIME TRANSFER REQUEST FORM

Date Received:			
Received by:			
In person:	Fax:	Email:	Phone:

This agreement between American National Bank and SENDER listed below is entered into for the purpose of transferring funds electronically between accounts with different ownership. The individual signed below warrants that he/she is authorized to transfer funds on the accounts listed on this request and has the authority to enter into this agreement.

DEBIT ACCOUNT INFORMATION

ACCOUNT TITLE:	
ACCOUNT NUMBER:	
TRANSFER AMOUNT:	TRANSFER FEE:

CREDIT ACCOUNT INFORMATION

ACCOUNT TITLE:
ACCOUNT NUMBER:
PURPOSE OF TRANSFER (Required):

The sender is responsible for providing correct information for the completion of the internal funds transfer. American National Bank is responsible for executing this order and is not responsible for errors or omissions of the customer. American National Bank is excused from failing to act or delay in acting if such is caused by legal constraint, emergency conditions or other circumstances beyond its control. In no event will American National Bank be held liable for any consequential, special, punitive or indirect loss or damage incurred by the customer in connection with this contract including, without limitation, loss or damage from subsequent wrongful dishonor resulting from errors or omissions.

Sender's Signature X _____

Sender's Name/Title (Printed)

Date Submitted

Internal use: (for requests other than in person)	Callback Made to: _____
	Callback Made by: _____
	Time: _____ Date: _____