



**WASHINGTON FINANCIAL BANK  
TELEPHONE TRANSFER AGREEMENT**

I (We), the undersigned desire to be able to transfer funds between the following deposit accounts using Washington Financial Bank's Automated Teller telephone banking system. I (We) understand that it is my (our) responsibility to establish and protect the PIN number and that Washington Financial Bank may rely upon the PIN number to authenticate any requested transfer of funds. If any of the accounts listed below are not held in the name of the same owners, all owners agree that this agreement is authorization for all parties listed to be able to transfer funds between all of the listed accounts regardless of account ownership.

<b>Account Type</b> (C = Checking, M = Money Market, S = Savings)	<b>Account Number</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ALL ACCOUNT OWNER'S MUST SIGN TO AUTHORIZE THE TELEPHONE BANKING SYSTEM.**

\_\_\_\_\_  
Print Customer Name

\_\_\_\_\_  
Print Customer Name

\_\_\_\_\_  
Customer's Signature      Date

\_\_\_\_\_  
Customer's Signature      Date

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**FOR BANK USE ONLY**

Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Employee Signature      PRS #      Branch #

**Send to: Savings Dept.**