



**Authorization to Transfer Funds between Accounts
“Sweep To Maintain Minimum Balance”**

Account Title: _____

Funds from Account # _____ (Secondary Account)

Will be transferred to Account # _____ (Primary Account).

Minimum Balance to be maintained \$ _____

All Transfers to be made in multiples of \$ _____ or

Transfer only the funds required to maintain minimum balance _____

For the convenience this service offers, a fee of \$2.00 will be charged for each transfer.

I/We agree to maintain a sufficient balance in my/our account to cover the transfers requested by the above authorization. If the balances are insufficient to cover the transfers authorized, the Bank may cancel this authorization immediately without notice and otherwise exercise its rights and remedies under applicable law and the rules and regulations of the Bank governing savings and checking accounts, including returning the undersigned’s checks unpaid and closing the undersigned’s checking and saving accounts by mailing a proper notice to the undersigned with a check equal to the balance in such accounts. The undersigned also agrees to abide by the rules and regulations of the Bank governing checking and savings accounts (and all amendments thereto) as stated on the signature cards governing checking and savings accounts. In particular, as with all savings accounts, the undersigned again acknowledges in this authorization that the Bank reserves the right to require the undersigned to give notice in writing of an intended withdrawal from the above referenced savings account not less than 7 days before such withdrawal is made. Upon 30 days written notice to the undersigned, the Bank may amend this authorization in any respect (including without limitation the fee for this service). Such notice shall be properly given when enclosed with the undersigned’s checking account statement. If this authorization needs to be amended because of a change in State or Federal Regulations, the change shall be effective immediately without notice. The Bank or any one of the undersigned may cancel this authorization upon written notice to the appropriate party. Such notice shall be effective immediately when mailed or delivered by the Bank and when given by any one party.

Effective Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Bank Official: _____

NOTE: NEVER email us with private personal information. Your completed form may be brought into one of the offices of Williamsville State Bank and Trust.