



Consumer Telephone Transfer Application

Depositor Information

Primary Owner _____ D.O.B. _____ SSN/Tax ID# _____

Mother's Maiden Name (For security purposes) _____

Mailing Address _____
Street/PO Box _____ City, State, Zip _____

Home Phone _____ Work Phone _____ E-mail Address _____

Co-Owner _____ D.O.B. _____ SSN/Tax ID# _____

Mothers Maiden Name (For security purposes) _____

LegacyLine Telephone Banking Transfer Request

I/we wish to transfer between my/our accounts through LegacyLine, the Banks' Telephone Banking System. Please list specific accounts below. Transfers can only be made between statement accounts.

Account # _____ Account # _____ Account # _____

Account # _____ Account # _____ Account # _____

Acceptance: By signing this application, I/we agree to the terms of the Truth-In-Savings, Electronic Funds Transfer, Schedule of Service Charges, and other disclosures as applicable governing such accounts or services as amended from time to time.

Primary Owner's Signature (required) _____ Date _____ Co-Owner's Signature (required) _____ Date _____

Please deliver your completed application to any Legacy Banks Office, or seal and mail to:

Legacy Banks, Attn: Internet Banking, P.O. Box 1148, Pittsfield, MA 01202-1148.

Bank Use Only

Approved By _____ Branch _____ Date _____ Processed By _____ Date _____

Comments:

For security and legal reasons this form must be printed, signed, and either sent or delivered to a Legacy Banks Location.

Member FDIC / Member DIF

Legacy Banks: (800) 292-6634