



## Account Transfer Form

Customer Information		
Primary Signer Name (Last, First Middle):	SSN#:	
Secondary Signer Name (Last, First Middle):	SSN#:	
Transfer My Account FROM		
Name of Financial Institution:		
Address:		
City:	State:	Zip:
Account Number(s) at Existing Financial Institution:		
Transfer Information – Please choose one from each column.		
<input type="checkbox"/> Please transfer \$_____.	<input type="checkbox"/> Please make this transfer immediately.	
<b>OR</b>	<b>OR</b>	
<input type="checkbox"/> Please transfer full amount and close the account.	<input type="checkbox"/> Please make this transfer on     /     /     .	
Please transfer my funds to:		
Montecito Bank & Trust ATTN: Banking Services P.O. Box 2460 Santa Barbara, CA 93120 (805) 963-7511		
I hereby authorize my current financial institution to complete the requested transfer from my existing account to my new account at Montecito Bank & Trust. Please make the check payable to Montecito Bank & Trust and note on the check that it is for deposit into Montecito Bank & Trust account #_____		
Customer Approval and Authorization		
For wiring instructions, please contact Banking Services at (805) 963-7511.		
_____ Signature – Primary Signer	_____ Date	_____ Signature – Secondary Signer
_____ Name (please print)	_____ Name (please print)	