NEWTOWN SAVINGS BANK AUTOMATIC FUNDS TRANSFER FORM FOR INTERNAL TRANSFERS (AFT)

Please Print or Type

Account Holder Name:				Daytime Phone #
Address				
Employee Initials/Ext.	X	New Cha	nge	Waive Transfer Until
r -y -			•	Refer to Schedule of Deposit Account Charges)
INSERT DONOR A	CCOUNT NUMBER BELOW		INSERT	RECIPIENT ACCOUNT NUMBER BELOW
				Check One:
Check One:				X Loan
	NSB Savings Account			Savings
	NSB Checking Account NSB MMDA Account			Checking
	NSB WWDA Account			MMDA Other
Beginning (insert date)	Other			
Dogitiming (intoon date)	Transfer Fixed Amount \$			an transfers)
	X Transfer Amount of Loan Payr			,
	Apply \$ to F			
Frequency	<u>Monthly</u>			
*Transfers to loans must	match the loan payment frequency			
	I/We Agree To Terms an	d Conditions of the Auto	matic Funds Transfe	r Agreement
Donor Account Holder	Signature	Date Recip	ient Account Holder	Signature (ONLY if different) Dat
As used in this Agreement, the	AUTON he words, "I", "we" and "us" mean all who	MATIC FUNDS TRANSFE	R AGREEMENT	Signature (ONLY if different) Date ank, 39 Main Street, Newtown, CT 06470. "Business
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