

**TEXAS DEPARTMENT OF BANKING
TRANSFER OF FUNDS REQUEST**

Permit Holder Name

Permit Number

Mailing Address

City

State

Zip

Contact Person

Telephone Number

Permit holder requests permission from the Department to transfer the following account(s).

<u>Account Number</u>	<u>Type Account</u>	<u>Maturity Date (If Applicable)</u>	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
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Transfer this exact amount? YES / NO

Transfer the entire balance of the account(s)? YES / NO

Transfer before the maturity date, if applicable? YES / NO

Is this account to be closed after completion of the transfer? YES / NO

Will the receiving depository invest in a CDARS account? YES / NO

If this transfer will involve an investment of the transferred funds into a Certificate of Deposit Account Registry Service (CDARS) account, please attach proof of the receiving depository's registry in such program.

FROM:

Depository Name Where Accounts Are Currently Held

Mailing Address

City

State

Zip

Contact Person

Telephone Number

Fax Number

E-mail Address

TO:

Depository Name Where Accounts Are To Be Moved

Mailing Address

City

State

Zip

Contact Person

Telephone Number

Fax Number

E-mail Address

Type of Account

I HEREBY CERTIFY THAT THIS TRANSACTION DOES NOT VIOLATE ANY CONTRACTUAL AGREEMENT.

SIGNED: _____

DATE: _____

Approved Agent

PRINTED NAME: _____

TITLE: _____