



ACH TRANSFER FORM

409 Silverside Road, Suite 105
Wilmington, DE 19809
P: 877.226.2928
F: 302.791.5782
www.cfdbankingservices.com

By completing and signing this form, you authorize The Bancorp Bank to electronically transfer funds via the Automated Clearing House (ACH) system between your Deposit Account with us and the Financial Institution identified below. In order to do so, you must be the named account holder of both the Deposit Account and Financial Institution bank account. You also agree that ACH transactions authorized herein comply with all applicable law.

Please complete the entire form. Missing or incorrect information will delay or prevent your transfer. A Fee may apply when completing an ACH Transfer Form. Please refer to the Schedule of Fees for more information.

PART 1: Your Deposit Account Information With Us

Account Name:	Account Number:	
Address:		
City:	State:	Zip:
Telephone Number:	Email:	

PART 2: Other Financial Institution Information

Please check the appropriate Account Type:		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan
Please transfer money:		<input type="checkbox"/> From (Debit)	<input type="checkbox"/> To (Credit)	the following account:
Account Name:	Account Number:			
Financial Institution Name:	ABA Routing Number: (Please verify number for ACH transfers with your financial institution.)			
City:	State:	Zip:		
Telephone Number:	Email:			

PART 3: Payment Information

Amount \$:	30-Day Limit:			
Frequency: (check only one)	Date of One-Time Transfer: (mm/dd/yyyy)			
<input type="checkbox"/> One Time	Beginning Date of Recurring Transfer: (mm/dd/yyyy)			
<input type="checkbox"/> Monthly, on (check one date)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 10
	<input type="checkbox"/> 15	<input type="checkbox"/> 18	<input type="checkbox"/> 20	<input type="checkbox"/> 25
<input type="checkbox"/> Weekly, on (check one day)	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Friday	
<input type="checkbox"/> Bi-Weekly, on (check one day)	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Friday	
Ending Date of Recurring Transfer: (mm/dd/yyyy) (optional)				

PART 4: Signature

Print Name:	Date: (mm/dd/yyyy)
Authorized Signature:	

Please retain a copy of this form for your records.

One-time only requests received by 3:00 p.m. ET will be processed the same day. Recurring transaction requests may take up to three business days from receipt to process. Both one-time and recurring transfers may take up to three business days to arrive at the receiving bank account. To confirm or cancel a transfer, you may call us at 877.226.2928. We require at least three business days' notice to cancel a transfer on a recurring transaction.

Fax this form to us at 302.791.5782, or mail the original to:
cfdbanking services, Attn: EFT Department, 409 Silverside Road, Suite 105, Wilmington, DE 19809