

Bankline and Your Link Transfer Authorization
(24-Hour Telephone Banking and Consumer Online Banking)

Name 1: _____ Tin # 1: _____ DOB 1: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone Day: _____ Evening: _____

Name 2: _____ Tin # 2: _____ DOB 2: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone Day: _____ Evening: _____

Name 3: _____ Tin # 3: _____ DOB 3: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone Day: _____ Evening: _____

Name 4: _____ Tin # 4: _____ DOB 4: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone Day: _____ Evening: _____

I understand that the terms and conditions set forth in the Electronic Funds Disclosure and Online Banking Agreement, whose receipt I acknowledge govern the use of the Dedham Savings Bankline and Your Link.

Action Required: _____

Two way Transfer: 1 _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____
7 _____ 8 _____ 9 _____

One Way Transfer: 1 _____ **To** _____
2 _____ **To** _____
3 _____ **To** _____
4 _____ **To** _____

Please Note:

- You must be an authorized signer on each account.
- **Non-passbook accounts:** titles must be similar.
- **Loan Payments & Key Line advances:** Titles must be the **exact** same on both accounts

Signature 1 _____ Date _____

Signature 2 _____ Date _____

Signature 3 _____ Date _____

Signature 4 _____ Date _____

FOR DEDHAM SAVINGS USE ONLY (Sept 2008, rev Oct 2017)

REVIEWED and APPROVED BY (Retail Supervisor): _____ Date: _____

REVIEWED and APPROVED BY (Deposit Ops Supervisor): _____ Date: _____

MAINTENANCE PROCESSED BY: _____ Date: _____

MAINTENANCE VERIFIED BY _____ Date: _____

