ONLINE INTERBANK TRANSFER ACCOUNT APPLICATION FORM

Complete form and return to:

Any First Niagara Bank Branch or mail to:

First Niagara Bank, Attn: EBS
PO Box 195, Harleysville PA 19438
Fax 215-256-1309

FIRST NIAGARA ONLINE BANKING CUSTOMER INFORMATION

Name: _____ **SSN:** _____

EXTERNAL FINANCIAL INSTITUTION INFORMATION

Exact Name/s on Account _____

***If accounts are not like titled, transfers will be setup for DEPOSIT ONLY capability**

ACH ABA Routing # _____ **Account Number** _____

Account Type: Checking ____ **Savings** ____ **HSA – Health Savings Accounts** ____

Loan ____ (Loan/Line of Credit Accts. will be setup as DEPOSIT ONLY.

Transaction capabilities for above account #: DEPOSIT & WITHDRAWAL _____ **DEPOSIT ONLY** _____

♦ IMPORTANT INFORMATION ♦

A verifying document from your External Financial Institution **must** be included with this form in order to process your request. This document **must** contain the following information:

Account Title, ACH ABA Routing #, Account Number, Account Type, and Bank Logo or Branding.

We will accept the following documents for verification:

♦ **Checking:** Voided Check- Must contain the account holder s or Letter from External Bank on Bank Letterhead containing the required information.

♦ **Savings:** Letter from External Bank on Bank Letterhead that contains the required information above.

♦ **Loan:** Payment Coupon or Letter from External Bank on Bank Letterhead containing the required information above.

Please contact Cash Management for Business Accounts.

AUTHORIZATION

By signing below, I authorize First Niagara Bank to transfer funds electronically between designated account(s) according to my instructions initiated through On-Line Banking. I further authorize the release of such information to First Niagara bank as necessary to link accounts for On-Line Banking.

Applicant Signature_____**Date**_____

For Bank Use Only: Entered By: _____ Verified By: _____

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