



# ACH transfer request form

To initiate electronic transfer(s), please confirm the following information with your signature below.

## Section A: Account you would like to transfer funds from (account that provides the funds)

Financial institution name: .....  
Account type:  Checking  Savings Account number: .....  
Routing & transit number: .....

## Section B: Account you would like to transfer funds to (account that receives the funds)

Financial institution name: .....  
Account type:  Checking  Savings  Installment loan  Line of credit  ODP account  
Account number: ..... Routing & transit number: .....

## Section C: Transfer information

Initial transfer date\*: .....  One-time transfer  Recurring transfer  
Month/Day/Year  
Transfer amount: \$ ..... Recurring monthly transfer date: .....  
(if applicable)

I do not wish to initiate a transfer at this time. Please retain ACH information for future use. I understand that I must call you to complete the first transaction by phone.

\*Please allow up to two business days for submitted request to be processed. For accounts open 30 days or less, funds transferred from another financial institution are subject to a five business day hold. For accounts open more than 30 days, funds transferred from another financial institution are subject to a two business day hold.

## Section D: Voided check or deposit slip — to complete request, please attach one of the following:

- 1. A voided check from the external checking account **OR** 2. A deposit slip from the external savings account

## Section E: Signature

Printed name: ..... Social Security number: .....  
Signature: ..... Date: .....

By signing above: I (we) hereby authorize Ameriprise Bank, FSB (hereinafter called COMPANY) to initiate credit entries to my (our) account with the COMPANY by debiting the account indicated on the attached voided check or deposit slip at the depository financial institution identified on the voided check or deposit slip (hereinafter called DEPOSITORY). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either one of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act on it.

### Submit request via fax or mail to the following:

Fax: 888.871.0327  
Mail: Ameriprise Bank, FSB, 834 Ameriprise Financial Center, Minneapolis, MN 55474

Ameriprise Bank, FSB, Member FDIC, is an Equal Housing Lender.

Ameriprise Financial Services, Inc. and Ameriprise Bank, FSB are subsidiaries of Ameriprise Financial, Inc.

© 2012 Ameriprise Financial, Inc. All rights reserved.