

**VOICE RESPONSE TRANSFER APPLICATION**

Check one:  New Application  Change

**One application needed per person:**

Customer Name: \_\_\_\_\_

SSN \_\_\_\_\_

**LIST of ACCOUNTS**

*Transfers can not be made from a Passbook Account and Loan payments can only be made for the exact amount due on the loan.*

**Statement Accounts**

*Transfers in & out*

**Passbook Account**

*Transfer in only*

**Loans Accounts**

*Transfer in only*


By signing below, the undersigned authorize Bank of Fall River to allow transfer access to accounts via telephone banking. The undersigned certify that the information provided on this agreement is true and correct. The undersigned acknowledges receipt of the following disclosures: Bank of Fall River Electronic Banking Agreement, Electronic Funds Transfer Agreement, Truth in Savings and Privacy Policy.

\*\*\*\*\*

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

*(office use only)*

**DATE** \_\_\_\_\_ **Changed by:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

.....  
*(Operations use only)*

**Verified By:** \_\_\_\_\_ **DATE:** \_\_\_\_\_