



INTERNAL MULTI-TRANSFER REQUEST

409 Silverside Road, Suite 105
Wilmington, DE 19809
P: 866.902.0356
F: 302.385.5099
www.thebancorpha-eb.com

I authorize the Bank to process multiple funds transfer transactions between the following accounts at the Bank according to the instructions below.

PART 1: Internal Multi-Transfer Instructions

Name on Donor Account:

Transfer from Account # (Donor Account)	Transfer to Account # (Recipient Account)	Name on Account (Required if different from Donor Account)	Transfer Amount

PART 2: Limitations

Transfer requests will be processed on the business day they are received, except in the following instances:

- The transfer amount exceeds the available balance in the donor account.
- There is a status on the donor and/or recipient account that prohibits the Bank from processing the request.
- There is a discrepancy in the information provided that prohibits the Bank from processing the request.
- A Signature Card or other documentation is not on file for the donor and/or recipient account.
- There is a failure of equipment or communications that prevents the Bank from processing the request.
- The Bank receives notification or believes that the transfer request is forged, altered or unauthorized.

In the event the accounts are not titled the same or ownership among the transferring accounts changes, the Donor/Requester will indemnify the Bank for any losses incurred as a result of any transaction the Requester initiates between these accounts that is later returned or is reported unauthorized. If any transfer that the Requester initiates is found to be unverifiable or cannot be completed for other reasons, the Bank will complete the transfer(s) it can and notify the Requester of the transfer(s) that were not able to be processed, and the Donor/Requester agrees to hold the Bank harmless for any loss resulting from the incomplete transfer(s).

PART 3: Signature

Signature of Requester:	Date: (mm/dd/yyyy)
Print Name of Requester:	Telephone of Requester:

Please **mail or fax** this completed form to:

The Bancorp HSA
Attn: Fulfillment Department
409 Silverside Road, Suite 105
Wilmington, DE 19809
Fax: 302.385.5099

FOR BANK USE ONLY

Verified by:	Completed by:	Approved by:
--------------	---------------	--------------