

**TEXAS DEPARTMENT OF BANKING
TRANSFER OF FUNDS REQUEST**

Permit Holder Name _____ Permit Number _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ Telephone Number _____

Permit holder requests permission from the Department to transfer the following account(s).

Account Number	Type of Account	Maturity Date (If Applicable)	Principal	Interest	Total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- Transfer this exact amount? YES NO
- Transfer the entire balance of the account(s)? YES NO
- Transfer before the maturity date, if applicable YES NO
- Is this account to be closed after completion of the transfer? YES NO
- Will the receiving depository invest in a CDARS account? YES NO

If this transfer will involve an investment of the transferred funds into a Certificate of Deposit Account Registry Service (CDARS) account, please attach proof of the receiving depository's registry in such program.

FROM:

Depository Name Where Accounts are Currently Held

Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ Telephone Number _____ Fax Number _____ E-Mail Address _____

TO:

Depository Name Where Funds Will Be Moved

Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ Telephone Number _____ Fax Number _____ E-Mail Address _____

I HEREBY CERTIFY THAT THIS TRANSACTION DOES NOT VIOLATE ANY CONTRACTUAL AGREEMENT.

SIGNED: _____ DATE: _____
Approved Agent

PRINTED NAME: _____ TITLE: _____