



# Business Telephone/Online Transfer Authorization Form

Dear Valued BankAtlantic Business Customer,

If you would like to authorize BankAtlantic to transfer funds between your business accounts as directed by telephone or online instruction received from the designated, undersigned member(s) of your corporation, please follow the steps listed below. If you need to cancel an existing business telephone/online transfer authorization agreement, please refer to the "Cancellation Notice" section on page 2 of this form.

- 1.) Print out this 2-page form.
- 2.) Fill in the requested information.
- 3.) Read the Terms and Conditions of Telephone/Online Transfer Services
- 4.) Sign at the bottom of the form.
- 5.) Mail this form to BankAtlantic.
- 6.) If you have any questions about this form, please call 1-888-7-DAY-BANK.



BankAtlantic  
P.O. Box 101120  
Fort Lauderdale, FL 33310

Business Name \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

From Account Number \_\_\_\_\_ To Account Number \_\_\_\_\_

### Telephone/Online Transfer Services Terms and Conditions

The corporation whose authorized signature appears below on this document agree(s) that:  
 BankAtlantic (BA) has the right to require minimum balance in the originating account and charge a fee for the telephone transfer/online services as determined by the bank.  
 BA reserves the right to require funds deposited to the originating account be available funds and unconditionally paid to BankAtlantic prior to telephone/online transfer.  
 BA reserves the right to require a minimum transaction amount.  
 All transfers made to the designated bank account shall be considered an authorized withdrawal and the liability of BA shall terminate upon such transfer.  
 All transfers from the originating account are made in accordance with the Charter By-Laws of BA and it is authorized to charge said transfers against this originating account.  
 BA reserves the right to discontinue this service at any time.  
 The Accountholder will be solely responsible for the transfers made pursuant to this authorization and that BankAtlantic shall be held harmless from the consequences of any transfers made in response to request by unauthorized individuals. Accountholder agrees to indemnify BankAtlantic against any and all losses or damages arising hereunder including costs and reasonable attorneys fees.  
 This Authorization shall remain in full force and effect until cancelled by notice in writing, executed by a majority of the signatures set forth above on this document and delivered to and acknowledged by BankAtlantic.

**I/We, the undersigned, authorize and request BankAtlantic to transfer funds between the above accounts as directed by telephone or online instruction received from the undersigned.**

→ \_\_\_\_\_  
Authorized Signature Title

→ \_\_\_\_\_  
Authorized Signature Title

CORPORATE SEAL

*Continued on page 2*

**For authorized use only:**

BankAtlantic Associate/Signature Verified	Branch Input#	Verified By	Date
BA-870			



# Business Telephone/Online Transfer Authorization Form

*Continued from page 1*

→ \_\_\_\_\_  
Authorized Signature Title

→ \_\_\_\_\_  
Authorized Signature Title

**I certify that I am duly elected and acting secretary of the above named corporation, and that the foregoing is a true and correct copy of a resolution adopted by the Board of Directors of said corporation at a regular or duly called special meeting at which a quorum was present, and that said resolution is recorded within its minutes and that said corporation is authorized to take such action, and that signatures above are the true signatures of the persons authorized to sign for withdrawals against said account.**

→ \_\_\_\_\_ → \_\_\_\_\_  
Secretary Name (please print) Secretary Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

### CANCELLATION NOTICE

BankAtlantic is hereby instructed to cancel the Telephone/Online Transfer Authorization on the above-referenced account on page 1 of this form.

→ \_\_\_\_\_  
Name (please print) Date

→ \_\_\_\_\_  
Authorized Signature

\*\*\*\*\*

**For authorized use only:**

BankAtlantic Associate/Signature Verified    Branch Input#    Verified By    Date  
BA-870