

**Customer Information**

Primary Signer Name (Last, First Middle):	SS#:
	_____ - ____ - _____
Secondary Signer Name (Last, First Middle):	SS#:
	_____ - ____ - _____

**Transfer My Account FROM**

Name of Financial Institution:		
Address:		
City:	State:	Zip:
Account Number(s) at Existing Financial Institution:		
_____	_____	
_____	_____	
_____	_____	

**Transfer Information – Please choose one from each column.**

<input type="checkbox"/> Please transfer \$ _____.	<input type="checkbox"/> Please make this transfer immediately.
<b>OR</b>	<b>OR</b>
<input type="checkbox"/> Please transfer full amount and close the account.	<input type="checkbox"/> Please make this transfer on <b>MM/DD/YYYY</b> .

**Please transfer my funds to:**

Montecito Bank & Trust  
 ATTN: Banking Services  
 P.O Box 2460  
 Santa Barbara, CA 93120  
 (805) 963-7511

I hereby authorize my current financial institution to complete the requested transfer from my existing account to my new account at Montecito Bank & Trust. Please make the check payable to Montecito Bank & Trust and note on the check that it is for deposit into Montecito Bank & Trust account # \_\_\_\_\_.

**Customer Approval and Authorization**

For wiring instructions, please contact Banking Services at (805) 963-7511.

_____ Signature – Primary Signer	_____ Date	_____ Signature – Secondary Signer	_____ Date
_____ Name (please print)		_____ Name (please print)	