

I authorize WSFS bank to charge my account at the below stated institution for the amount and on the date stated below.

WSFS INFORMATION (SEND FUNDS TO):

Name(s) of WSFS Checking Account Authorized Signer(s):

WSFS Account to be credited:

Social Security Number:

Routing & Transit Number (ABA):

Bank from which funds are transferred (TRANSFER FUNDS FROM):

Name of Institution:

City and State:

Routing & Transit Number (ABA):

Checking Account number: (A VOIDED CHECK MUST BE ATTACHED)

Name(s) of Checking Account Authorized Signer(s):

MONTHLY TRANSFER INFORMATION

Amount to be transferred: \$.00

Date of transfer (choose one): 5th day of the month 20th day of the month

First month of transfer (circle one): JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

It takes 10 business days to set up the first transfer. Therefore, if the date of transfer chosen is less than 10 business days from the receipt of your signed authorization, the first MONTHLY transfer will be performed the following month.

Signature: DAYTIME PHONE: EMAIL:
(FROM account owner(s))

Please submit request via WSFS Drop Box in the Trabant University Center
Or Mail to: WSFS Bank, Attn: Customer Service, P.O. Box 1889, Wilmington, DE 19899

*You will receive email notification upon receipt of request. If you do not receive this correspondence, please contact Customer Service at (302) 792-6000 or 1-888-WSFSBANK.

FOR BANK USE ONLY DATE: LOCATION: FIRST TRANSFER: