THE HARBOR BANK OF MARYLAND
FINANCIAL INSTITUTION TRANSFER REQUEST

THE HARBOR BANK OF MARYLAND

The Harbor Bank of Maryland
Financial Institution
Transfer Request

Primary: _____ Social Security: _____

Primary: _____ Social Security:_____

Transfer My Account From:

Financial Institution Name: _____

Address: _____

_____

_____

Account Number(s) at the existing Financial Institution:

_____

_____

_____

Transfer Information:

☐ Please transfer $_____ ☐ Please make this transfer immediately

☐ Please transfer the entire amount and close the account ☐ Please make this transfer on ___/____/____

☐ Other: _____

Please Transfer my funds to:

The Harbor Bank of Maryland

Address: _____

City, State and Zip: _____

CUSTOMER APPROVAL AND AUTHORIZATION:

_____