

INTERNAL FUNDS TRANSFER FORM

To: Wintrust Community Advantage / Deposit Services Fax: 847-842-8904
Date:
Management company:
Phone:
Contact name:
Association name:
From account number:
Association name:
To account number:
Dollar amount: \$
Reason for transfer:
Authorized signature(s):
FOR BANK USE ONLY Funds transferred
Initials: Date: Officer: