

Internal Funds Transfer Form



TO: Wintrust Community Advantage / Deposit Services FAX: 847-842-8904

Date: _____

Management Company _____

Phone _____

Contact Name: _____

Association Name: _____

From Account # _____

Association Name: _____

To Account # : _____

Dollar Amount \$ _____

Reason for Transfer: _____

Authorized Signature(s)

FOR BANK USE ONLY

Funds Transferred

Initials _____ Date _____ Officer: _____