



Chelsea State Bank
1010 S. Main Street
Chelsea, Mi. 48118
Phone: (734) 475-1355
Fax: (734) 475-7740

TRANSFER AUTHORIZATION

Amount to be Transferred: _____

Frequency: Weekly Bi-Weekly Monthly Quarterly

Effective Date (Start): _____ Termination Date (end): _____

From: (Check one only):

- Savings Account Number: _____
- Checking Account Number: _____
- Money Market Account Number: _____

Bank Name: _____

Bank Routing/Transit Number: _____

To: Chelsea United Way Campaign Account

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal. This authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 15 days written notice at the address stated above. Notice to any one of us is notice to all of us.

Signature: _____

Name (print): _____ Date: _____

Signature: _____

Name (print): _____ Date: _____

Account Address: _____

Phone Number (with Area Code): _____

e-mail Address: _____

Chelsea United Way
P.O. Box 176
Chelsea, Mi. 48118

Accepted By: _____ Date: _____