



welcome to *what if.*

TRANSMATIC UPDATE FORM

Delete

Omit (One Month Only)

*Customer Name(s): _____

*Customer SSN(s): _____

*Customer Phone Number: _____

*Transmatic #: _____

****Required information***

Change (check all that apply)

Old:

New:

Pull Date: _____

Amount: _____

Donor Account: _____

Attach a copy of a voided check if the Donor Account is external

Recipient Account: _____

Make this change for the payment that will process on: _____

*****PLEASE NOTE: any changes made to internal transfers require 3 business days prior to the payment date to complete – any changes made to external transfers request 4 business days prior to the payment date to complete*****

Customer Signature: _____

Bank Use Only

Teller _____ Branch _____ Date _____

Customer Support _____ Date _____