



**PHONE / ONLINE TRANSFER AUTHORIZATION FORM**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_  
**WORK PHONE:** \_\_\_\_\_

You must be an authorized signer on the sending account to transfer funds on the E-Access or Parkway Access systems. Please list all checking or savings accounts that you wish to have transfer capabilities through Internet Banking or Phone Access.

Please mail completed form to:  
 Parkway Bank, ATTN: Client Services, 4800 N. Harlem Ave., Harwood Heights, IL 60706

**Sending Account Number (s)**

**Receiving Account Numbers**

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**AUTHORIZATION AGREEMENT:**

I authorize Parkway Bank to provide telephone and/or computer access to my accounts listed here through Parkway Bank's Phone and Online system until revoked by me in writing and received by Parkway Bank.

I will not hold Parkway Bank responsible or liable for failure or refusal to honor my requests through Parkway Bank's Phone or Online system or for losses incurred by an unauthorized person who may have had access to my Personal Identification Number (PIN), consistent with the rules and regulations governing this agreement. I understand that it is for this reason that Parkway Bank strongly recommends that I change my PIN to a personalized code.

By execution of this agreement, I (we) acknowledge receipt of the rules and regulations governing Parkway Bank's Phone Access and Online Banking systems and agree to be bound by the terms and conditions contained in this agreement.

\_\_\_\_\_  
**Signature (account holder)                      Date**

\_\_\_\_\_  
**Signature (Co- Owner, if joint)              Date**