



# FUND TRANSFER REQUEST FORM

Date  /  / 

Branch Manager/ STSO,

----- Branch/ Uposhakha,

IFIC Bank Limited

**REQUIRED SERVICE**

- Account to Account Fund Transfer
- Real Time Gross Settlement (RTGS) (charge applicable)
- Electronic Fund Transfer (EFT)       Debit Instruction\*       Credit Instruction

\*For Debit Instruction, customer must have arrangement (written instruction or agreement) with the receiver bank

**DEBIT ACCOUNT DETAILS**

Account Number			
Account Name			
Contact Number			
Bank Name	<input type="checkbox"/> IFIC Bank Limited <input type="checkbox"/> Other Bank (Mention Please)**		
Branch name		Routing Number**	

**CREDIT ACCOUNT DETAILS**

Beneficiary Name			
Account Number			
Bank Name			
Branch Name		Routing Number**	

\*\*For EFTN and RTGS only

**TRANSACTION DETAILS**

Currency	<input type="checkbox"/> BDT	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR	<input type="checkbox"/> CAD	<input type="checkbox"/> JPY
Amount (In Figure)			Transaction Time		:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Amount (In Words)						
Purpose of Transaction						

I/we authorize IFIC Bank to initiate the Fund Transfer by debiting my/our above-mentioned account. I am/we are fully aware that this transaction is irrevocable and will be posted to the bank account mentioned in this form. I/we shall be solely liable for any error regarding wrong transaction due to inserting wrong account number as well as routing number in the above as transaction will be done within shortly. I/we also confirm that transactions under this instruction will be subject to the Operating Rules of Bangladesh Bank of Bangladesh Electronic Fund Transfer Network (BEFTN) and Bangladesh Real Time Gross Settlement (BD RTGS) as applicable from time to time.

Signature (1st A/c Holder)

Signature (2nd A/c Holder)

**BANK USE ONLY**

- Customer account information is found correct and has sufficient balance for the transaction
- Signature(s) of the customer matches with account's signature card

Initiating Officer's Signature

Approving Officer's Signature

Name:

Date:

EID:

Name:

Date:

EID: