



PERSONAL SAVINGS from American Express

Accounts offered by American Express Bank, FSB. **MEMBER FDIC**

Authorization for Certificates of Deposit Interest Payments

To initiate Electronic Transfer(s) of the interest payments accrued on your Certificate of Deposit account, please provide the following information with your signature below. If you have any questions, please call us at 1-800-446-6307. Please keep a duplicate copy of this authorization for your own record.

Please note that the Annual Percentage Yield (APY) stated in your welcome letter assumes that interest remains on deposit until maturity. Withdrawing interest before maturity will reduce your account's interest earnings.

Section A: Account Sending the Interest

Financial Institution Name: **American Express Bank, FSB**

Account Type: **Certificate of Deposit**

Account Number: _____

Section B: Account Receiving the Interest

Note: Authorization for interest payments may only be completed by an account holder.

Transfer interest to my **Personal Savings High-Yield Savings Account**

Account Number: _____

Transfer interest to my **Linked External Account** with another financial institution

Financial Institution Name: _____ Account Type: Checking Savings

Account Number: _____

Transfer interest to my **Unlinked Original Funding Account*** with another financial institution

Financial Institution Name: _____ Account Type: Checking Savings

Account Number: _____ Transit/ABA Number: _____

*If your Certificate of Deposit account was originally funded by check from an account with another financial institution, you may elect to transfer your interest back to that original funding account.

Section C: Interest Transfer Preferences

Note: Interest will generally be transferred to your chosen account within 2 business days of your CD statement cycle date. We must receive your authorization 3 business days prior to your effective statement cycle as entered below, in order to process it for that month. Otherwise, we will process it for the following statement cycle.

Effective Statement Cycle (MM/YYYY)* _____

One Time Transfer

Recurring Transfer (please circle frequency) Monthly / Quarterly / Annually

You may stop any or all of these scheduled interest payments by calling us at 1-800-446-6307 or writing to us at the address listed below in time for us to receive your request **3 business days** or more before the payment is scheduled to be made.

Section D: Signature

Printed Name: _____ Social Security Number: _____

Signature: _____ Date: _____

By signing above: I (we) hereby authorize American Express Bank, FSB (hereinafter called COMPANY) to initiate credit entries to the account indicated at the depository financial institution specified in Section B, hereinafter called DEPOSITORY by debiting my (our) Certificate of Deposit Account with the COMPANY. This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either one of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act on it.

Please submit request via fax or mail to the following:

Fax:(800) 542-0779 • Mail: American Express Bank, FSB, PO Box 30384, Salt Lake City, UT 84130-0384

American Express Bank, FSB. Member FDIC