Dakota Depository Company, LLC

1437 42nd St S, Fargo, ND 58103 transfers@dakotadepository.com

Phone 855.532.5682 Fax 701.335.7847

Transfer Request Form

Your Acco	unt Informati	on		
DDC Account Na	ame:			DDC Account #:
Internal T	ransfer (Chec	k this box and complete th	e informatio	on below for a transfer to another DDC account)
Internal Accoun	t Name:			Internal Account #:
Shipment	(Check this box an	d complete the informatio	n below for	a shipment out of our facility)
Name:				
Address 1:				
Address 2:				
City:		State:	Zip:	Country:
Credit Card to pay for Shipping Fees*		☐ Use card on file OR	☐ Use ne	w card (complete below)
Name on Card:		Card Number:		Exp Date:
Personal Pick Up (Check this box and complete the information below for a personal pick up at our facility)				
Name of Person Picking Up:				
A current, government issued ID is required for all in-person pick ups.				
Quantity	Description			
	Email to transfers	@dakotadepository.o	com OR	Fax to 701.335.7847
Other instructio	ns:			
Authorized Sign	nature(s):			
Date:				