



## Cross Account Transfer Authorization

Upon completion of this form, you agree to initiate or receive funds transfers between separate membership accounts. The ability to transfer funds to the account of another member is a one-way transfer, and cannot be reversed. Cross account, transfers are not permitted to or from IRA or guardianship accounts or accounts that are otherwise restricted. The Credit Union is under no obligation to complete the transaction on the day it is requested.

The "receiving member," authorizes and acknowledges acceptance of these funds under the following conditions: the Credit Union has the right to reclaim any or all transferred funds under any circumstances even if the funds are no longer available in the receiver's account. If any part or all of any transferred funds are required to satisfy any uncollectible or returned item, the credit union may, at its discretion, reclaim those funds from any account, which I may now or hereafter have.

This cross account transfer of funds authorization will remain in effect until either the sending or receiving member requests in writing that the cross account transfer of funds be terminated. Both the sending and receiving accounts must be listed below and this form signed by an account holder from each account under this agreement.

By signing below, the sending member and the receiving member both fully understand the conditions listed above, and agree to all terms and conditions stated in the Credit Union's Membership Booklet and all account agreements provided by the Credit Union. We also fully understand it is our responsibility to keep account information secure at all times. This includes but is not limited to account number, passwords and balance information.



Member to Retain

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Credit Union to Retain

I Authorize Account Access

I Revoke Account Access

### *Sending Member's Account Information*

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Sending Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

### *Receiving Member's Account Information*

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Receiving Member Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR INTERNAL USE ONLY

Processed by \_\_\_\_\_

Date \_\_\_\_\_