



## Cross-Account Transfer Authorization

**Instructions:** Complete a separate form for each account you would like to be able to transfer FROM. This form is NOT valid unless signed by all owners of said account. Please PRINT neatly.

**FROM:**

Primary Member Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Joint Owner: \_\_\_\_\_ Joint Owner: \_\_\_\_\_

**TO:**

I/We would like to be able to transfer TO the following accounts:

Account Number: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Name on Account: \_\_\_\_\_

**AUTHORIZATION:**

I/We understand that by signing this form I/we are authorizing Isabella Community Credit Union to make available the avenue for me/us to transfer funds from my/our account to only the accounts listed above. Only account holders listed above (under FROM) will initiate said transfers. This agreement does not give/implicitly access to information or available funds in the accounts listed above (under TO). Such access may only be established by ownership in the account as established by a signature card. I/We understand that for any transaction I/we initiate, using Audio Response (T<sup>3</sup>) or Internet Banking, the recipient will see my/our account number on his/her statement.

**Primary Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Received by \_\_\_\_\_ Date \_\_\_\_\_

Account Ownership/Signatures Verified \_\_\_\_\_  Entered on \_\_\_\_\_ by \_\_\_\_\_  
(Initials) (Date) (Employee)