

Family Transfer Authorization

(for use with OnLine USA and UniCall)

Please print

Sending Account Information

Primary Sending Account Holder's Name	Member Number
()	()
Home Phone	Work Phone

Receiving Account Information

Primary Receiving Account Holder's Name	Member Number
()	()
Home Phone	Work Phone

Relationship to Sending Account Holder

Receiving Account Numbers

Account Number	Account Type	Account Number	Account Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize transfers from my account(s) (Sending Account) to my family member's account(s) (Receiving Account) at the Credit Union. I understand that transfers will only be allowed from my account(s) to the accounts of the authorized Receiving Account Holder listed above. I further understand that my Member Number, Personal Identification Number (PIN), and the Receiving Account Number(s) are required to perform these transactions and I am responsible for all transfers initiated.

If at any time either party wishes to discontinue this agreement, a signed written request by that party must be provided to the Credit Union.

The Credit Union reserves the right to terminate this agreement in the event of misuse of privileges, as evaluated by the Credit Union.

X

Sending Account - Primary Member Signature Date

X

Receiving Account - Primary Member Signature Date

Please note that one form needs to be completed for each member to member transfer relationship to be established.