



CROSS-ACCOUNT TRANSFER AUTHORIZATION

(Please Print)

Sender's Name _____

Receiver's Name _____

In addition to our Account Agreement, the undersigned Funds Sender and Funds Receiver acknowledge and agree funds may be transferred by the Funds Sender from the Funds Sender's credit union account to the Funds Receiver's credit union account. Each of the undersigned agrees that University Federal Credit Union is not responsible for any claim arising from such transfer. The undersigned jointly and severally agree to indemnify and hold harmless the credit union, its employees and agents for any claim regarding such service.

The Funds Sender also acknowledges and agrees that after this authorization is enacted, if the Funds Sender should make changes of ownership or transfer capability on his account, it is his responsibility to change the Personal Identification Number (PIN) used to access the Funds Sender's account. Regulation D limitations apply.

Fund's Sender Signature Date

Sender's Account Number

Identification (Driver's License, etc.)

Fund's Receiver Signature Date

Receiver's Account Number(s)

For **additional accounts** belonging to the same Receiver:

Sender's Initials Account Number

Sender's Initials Account Number

| | | |
|-------------------------------------|------------------|---------------|
| <u>CREDIT UNION USE ONLY</u> | | |
| Signature Verified | _____ Initial | _____ Date |