

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 separately 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 their account, it is their responsibility to change the Personal Identification Number (PIN) used to access the Funds Sender's account.

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 _____

CREDIT UNION USE ONLY

Signature Verified _____

Initials _____

Date _____