

Cross-Account Transfer Authorization Form

I, _____, authorize the designated member(s) below access to my account _____.

Authorizing Member Name (Print) *Member Account Number*

Designated Member Name	Designated Member Account Number	Transfer <i>(Check One)</i>	Share Only	Loan Only	All Account Access
1		<input type="checkbox"/> To <input type="checkbox"/> From <input type="checkbox"/> Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/> To <input type="checkbox"/> From <input type="checkbox"/> Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/> To <input type="checkbox"/> From <input type="checkbox"/> Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I agree to be responsible for all transfers through SkyFone, Automated Telephone Banking and/or iSky Online Banking made by the Designated Member(s). By signing below, I (Authorizing Member) authorize transfers to and/or from my account(s) in accordance with the instructions given above. By signing below, the Designated Member(s) agrees to be bound by all terms and conditions of the SkyFone, Automated Telephone Banking and/or iSky Online Banking services and other terms and conditions as found in the All-In-One Account Disclosure. This authorization shall remain in force until revoked by the Credit Union or in writing by me (Authorizing Member) and the Credit Union having a reasonable opportunity to act on it. The Credit Union has no obligation to notify Designated Member(s) of any revocation of this authorization.

Authorizing Member Signature **Date**

Designated Member (1) Signature **Date**

Designated Member (2) Signature **Date**

Designated Member (3) Signature **Date**