



CREDIT UNION OF  
**OHIO**

**Cross Member Transfer Authorization Form for**

**Account Information**

Name \_\_\_\_\_ Account # \_\_\_\_\_  
 (      )  
 Daytime Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Cross Member Account Numbers**

Member #	Type* See Below	Account or Loan #	Signature of Account Owner

\*Please use these symbols to designate the type of authorization you would like:  
 T = To    F = From    B = Both

**Authorization**

By signing below, I authorize Credit Union of Ohio to connect the following accounts to allow access to transfer funds between the accounts. I agree to comply with regulations in the Electronic Funds Disclosure as well as any use of this system other than its intended purpose will be grounds for termination of this service and could also result in additional prosecution and penalties as allowed by law. Signatures of all primary account owners required, unless account owner is a minor.

Signature of Primary Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner \_\_\_\_\_ Date \_\_\_\_\_