

e-Branch Account Transfer Authorization Form



Member Number _____

I authorize *(person's name)* _____ (the joint owner of my account) to perform cross account transfers between *(account)* _____ and *(account)* _____ via the e-Branch utility. I understand that this authorization will stand unless the Credit Union is otherwise notified in writing. I also understand that removing a joint owner from my account does not revoke this privilege and that separate written notification must be submitted if I wish to revoke this authorization.

Primary's Signature _____

Date _____

Joint Owner's Signature _____

Date _____