



70 Westview Street
Lexington, MA 02421
617-253-2845
www.mitfcu.org

E-BRANCH ACCOUNT TRANSFER AUTHORIZATION

First Name: _____ **Last Name:** _____

Member Number: _____ **Phone Number:** _____

I authorize _____ (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.

Member Signature

Date