



For Credit Union Use Only			
Teller:		Verified By:	

CROSS-ACCOUNT TRANSFER AUTHORIZATION

Cross-Account Transfer is a feature of Online Banking and Telephone Audio Response that enables a Member to login to their primary account and perform inquiries, deposits and withdrawals to and from other authorized account(s). By completing this Cross-Account Transfer Authorization form, you will be able to transfer funds FROM one account TO another account within Central Coast Federal Credit Union. This will allow you to inquire or transfer **(excluding IRAs and Share Certificates)** depending of what type of service is allowed.

To obtain access on Online Banking or Telephone Audio Response, Personal Identification Number (PIN) or password must be issued for the account authorized for transfers and inquiries. **All primary/joint account holders** on both accounts must grant authorization and agree to such terms. If a joint member's status changes on any of the accounts, this agreement will become void and a new authorization form must be completed with all new signers. This authorization can be canceled by the primary or any joint account holder on either account at any time by completing the "Authorization to Cancel" at the bottom portion of this form.

Central Coast Federal Credit Union will not be held responsible for any withdrawals or deposits made as the result of access acquired by PIN/password misuse. Members are responsible to protect the privacy of their PIN/password and should never give code access to unauthorized users. Transactions resulting in fraudulent or illegal access will be prosecuted in accordance to applicable laws. If you suspect your PIN/password has been lost or stolen, call or e-mail any Central Coast Federal Credit Union office to cancel access until a new PIN or password has been issued.

I (We) authorize Central Coast Federal Credit Union to allow Account Number _____, as the controlling account for cross-account transfer, to access: (Please choose ONE from the following)
 All shares and loans All shares only All loans only Share draft (checking) only
 Savings account only Other (Please specify Loan/Share ID _____,
of Account Number(s): _____

All signatures are subject to verification and CCFCU may contact you for additional verification as needed. Notarized signature will expedite this process.

(WARNING: Whiteouts or any forms of correction will NOT be accepted)
PLEASE SELECT ONE TYPE OF AUTHORIZATION ONLY

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Allow All | <input type="checkbox"/> Deposit with Inquiry | <input type="checkbox"/> Deposit Only w/OUT Inquiry |
| <input type="checkbox"/> Inquiry Only | <input type="checkbox"/> Withdrawal with Inquiry | <input type="checkbox"/> Withdrawal Only w/OUT Inquiry |

Member's Signature	Date	Member's Signature	Date
Member's Signature	Date	Member's Signature	Date
Member's Signature	Date	Member's Signature	Date

----- **AUTHORIZATION TO CANCEL** -----
(For cancellation purpose only)

As an authorized signer on Account Number _____, I am canceling the cross-account transfer access linked between my account and Account Number _____.

Member's Signature _____ Date _____