



NON-RELATED ACCOUNT TRANSFER AUTHORIZATION

Date: _____

I/We acknowledge that by signing below, I/We authorize the transfer of funds into my/our account via EFT accessed through the internet (home banking) or audio response unit (MARS). **I/WE ALSO ACKNOWLEDGE THAT THE SIGNER(S) ON THE AUTHORIZED WITHDRAWAL ACCOUNT WILL BE ABLE TO VIEW ALL TRANSACTION INFORMATION ON MY/OUR ACCOUNT.** I/We understand that the Credit Union is not responsible for erroneous or unauthorized transactions to or from either account listed below, or if either party request to remove the relationship. If either party wants to be removed from the relationship it must be done in writing and reasonable time must be given to process the request.

The following account is the Authorized Withdrawal Account

Account Number

Signature

Listed below are the Authorized Receiving Accounts which as stated before will be viewable by the signers on the Transfer Account:

Authorized Receiving Account(s):

Authorized Signature(s):

Printed Name

Printed Name