



# CROSS MEMBER TRANSFER REQUEST

## Cross Member Transfer Authorization Agreement / Revocation Form

Please print this form to complete, sign, and return by mail to: PremierOne Credit Union, 6640 Via Del Oro, San Jose, CA 95119

We offer the ability to transfer funds from one member account to another even if you're not joint owners through eBranch, Mobile, and our automated Phone Banking system. The Credit Union is focused on your security, so we are requiring the member who will be receiving the funds to authorize and connect to the membership sending funds into their account(s). Once we receive the required written or electronic authorization, the member sending the funds will see your accounts on their transfer list through eBranch, Mobile, and automated Phone Banking system. Please note they cannot see your balances.

I hereby grant access to perform cross member transfers from the memberships below. I agree to the terms and conditions of the general account disclosure for transfers and inquiries through eBranch, Mobile, and our automated Phone Banking system. Credit Union employees are not authorized to perform cross member transfers by phone.

I understand that (subject to our rights under Regulation "E") PremierOne Credit Union is not responsible for any unauthorized eBranch, Mobile or automated Phone Banking system transfers. We hereby hold PremierOne CU harmless and agree to indemnify PremierOne CU for any eBranch, Mobile, or automated Phone Banking system transfers unauthorized within the guidelines set forth in this agreement.

Authorize:

Revoke:

These agreements will remain in effect until PremierOne CU receives written notice of cancellation of the authorization executed by either party.

<b>PremierOne CU member to RECEIVE transfers:</b>	
Member Signature: _____	Date: _____
Print Member Name: _____	Member Number: _____
<b>PremierOne CU member(s) to SEND transfers:</b>	
Member Name: _____	Member Number: _____
Member Name: _____	Member Number: _____

To REVOKE previous authorization, either party may complete the following:

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Credit Union Use Only:

Signature verified and cross member transfer setup completed by:

Staff Initials                      XP2 Operator #                      Date Received

