

CROSS ACCOUNT TRANSFER AUTHORIZATION

(ONLINE AND AUDIO ACCESS)

Please list cross account transfers below: (By listing an account number, you are hereby giving access to all suffixes associated with that account number as well.)

(A)

(B)

Transfer FROM Account

Transfer TO Account

1	/
2	/
3	/
4	/
5	/

Account transfers can only be performed using the "**FROM**" account number listed. The person signing this authorization must be a signer on all the "**FROM**" accounts.

I (we) hereby authorize METRO Federal Credit Union to Link the account numbers listed above for the purpose of allowing telephone and online transfers between accounts. I (we) accept full responsibility for transfers between accounts and any associated fees resulting from any transfer I (we) initiate. This agreement will remain in effect until METRO Federal Credit Union receives written notice of cancellation.

Member Signature	Date				
Member Signature	Date				
Member Signature	Date				
FOR OFFICE USE ONLY					
Signature Cards Verified by: Date:		System set up by:	Date:		
(Attach a computer screen printout to this authorization)					