



METRO Federal Credit Union
 2440 E. Rand Road
 Arlington Heights, IL 60004-5802
 (847) 670-0456
 FAX (847) 670-0401

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 _____ / _____	_____	<input type="checkbox"/> TRANSFER ONLY ACCESS	<input type="checkbox"/> FULL ACCESS
2 _____ / _____	_____	<input type="checkbox"/> TRANSFER ONLY ACCESS	<input type="checkbox"/> FULL ACCESS
3 _____ / _____	_____	<input type="checkbox"/> TRANSFER ONLY ACCESS	<input type="checkbox"/> FULL ACCESS
4 _____ / _____	_____	<input type="checkbox"/> TRANSFER ONLY ACCESS	<input type="checkbox"/> FULL ACCESS
5 _____ / _____	_____	<input type="checkbox"/> TRANSFER ONLY ACCESS	<input type="checkbox"/> FULL ACCESS

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)