



# Northeast Family Federal Credit Union

CU Online and Audio24

## Cross Account Transfer Agreement

Toll-Free 1-800-201-2031

### **Only Primary Account Owners may request Cross-Account Access**

The undersigned Account Owner(s) agree to the terms and conditions of this Agreement and the disclosures governing our account in the booklet titled "Important Account Information for Our Members" including those governing electronic funds transfers.

As the owner(s) of the account listed under "transfer from", I/we authorize Audio24 and CU Online transfers to be initiated "from" my Northeast Family Federal Credit Union (NFFCU) account number(s) listed "to" the NFFCU account number(s) listed. I/we understand that I/we do not have to be owner(s) or joint owner(s) of the accounts into which I/we transfer funds. If I/we are not an owner on the accounts that I/we transfer to under this agreement, I/we will not have access to funds after I/we transfer them.

I/we understand that (subject to my rights under Regulation E) NFFCU is not responsible for any unauthorized transfers. I/we hereby hold NFFCU harmless and agree to indemnify NFFCU for any electronic transfers not authorized within the guidelines set forth in this Agreement.

This Agreement will remain in effect until NFFCU receives written notice of revocation of this authorization executed by an owner(s) or authorized signer(s) on the account from which funds are transferred.

### FIRST ACCOUNT TRANSFER AUTHORIZATION

**TRANSFER FROM:** Acct # \_\_\_\_\_

Member Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Joint Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**TRANSFER TO:** Acct # \_\_\_\_\_

Member Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Joint Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**TRANSFER TO:** Acct # \_\_\_\_\_

Member Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Joint Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**TRANSFER TO:** Acct # \_\_\_\_\_

Member Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Joint Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**TRANSFER TO:** Acct # \_\_\_\_\_

Member Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Joint Last Name \_\_\_\_\_ First Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

		( )
<i>Primary Account Owner Signature</i>	<i>Date</i>	<i>Daytime Phone Number</i>

<b>CU USE ONLY:</b>	Date Received by CU: _____	File Maintenance Date: _____
	Employee _____	