



Gratiot Community Credit Union

MAIN BRANCH
211 West Center Street
Alma MI 48801
989-463-8321

www.gratiotcu.org

ITHACA BRANCH
855 East Center St.
Ithaca MI 48847
989-875-6184

Cross-Account Transfer Authorization

Instructions: Complete a separate form for each account you would like to be able to transfer FROM. This form is NOT valid unless signed by all owners of said account. Please PRINT neatly.

FROM:

Primary Member Name: _____ Account Number: _____

Joint Owner: _____ Joint Owner: _____

TO:

I/We would like to be able to transfer TO the following accounts:

Account Number: _____ Name on Account: _____

Account Number: _____ Name on Account: _____

Account Number: _____ Name on Account: _____

Account Number: _____ Name on Account: _____

Account Number: _____ Name on Account: _____

AUTHORIZATION:

I/We understand that by signing this form, I/we are authorizing Gratiot Community Credit Union to make available the avenue for me/us to transfer funds from my/our account to only the accounts listed above. Only account holders listed above (under FROM) will initiate said transfers. This agreement does not give/imply access to information or available funds in the accounts listed above (under TO). Such access may only be established by ownership in the account as established by a signature card. I/We understand that for any transaction I/we initiate, using Audio Response (T3) or Internet Banking, the recipient will see my/our account number on his/her statement.

Primary Member Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____

OFFICE USE ONLY

Received by: _____ Date: _____

() Account Ownership/Signatures Verified _____ () Entered on _____ by _____
(Initials) (Date) (Employee)