



# Cross Account Authorization Form

Member Name: \_\_\_\_\_  
Joint Member Name: \_\_\_\_\_

Date: \_\_\_\_\_

I, we hereby authorize the persons/accounts listed below to have TELEACCESS/PCACCESS to all CBC Federal Credit Union account ID's. Whether or not such authorized person(s) is a joint owner on my account.

I understand and agree that by granting this authorization and access, the authorized person(s) account(s) will have access to information about my Credit Union account including all account ID's (sub accounts.) Such as my share draft checking account, loan accounts, share certificates and all other account ID's I grant the following level of authorization and access. This authorization will remain in effect until revoked by me in writing.

Authorized Account #: _____	Other Account #: _____
Check One:	<input type="checkbox"/> Only transfer funds out to Other Account. <input type="checkbox"/> Transfer in and out from both Authorized and Other Account.

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Check One:	<input type="checkbox"/> Only transfer funds out to Other Account. <input type="checkbox"/> Transfer in and out from both Authorized and Other Account.

Note: The signature of **each accountholder** is required if the requestor is not an accountholder on both accounts.

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

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_