

Linked Account Transfer Authorization/Revocation

Please complete the following authorization to activate or revoke linked account transfer functionality.

Account Information (Must be completed for both Authorizations and Revocations)

In order to authorize transfers using this form, you must be an owner on all accounts listed.

TRANSFER FROM:

Primary Account Number

Name(s) on Account

TRANSFER TO:

Primary Account Number

Name(s) on Account

Primary Account Number

Name(s) on Account

Primary Account Number

Name(s) on Account

Primary Account Number

Name(s) on Account

Member Authorization

Please allow ten business days processing time for activation of linked account privileges.

I hereby request transfer authorization on the linked accounts identified above. I understand that this authorization only allows me to deposit money into the account(s) designated above. By signing below, I certify that I am an owner on all accounts listed herein, and I understand that this will be verified by Southeast Financial Credit Union prior to linking the accounts. I understand that I may revoke this authorization at any time by completing the Member Revocation of Linked Account Transfer Authorization section below.

Account Owner Signature

Date

Member Revocation of Linked Account Transfer Authorization

Please allow ten business days processing time for deactivation of linked account privileges.

By signing below, I am revoking the Linked Account Transfer Authorization previously approved by me and submitted to Southeast Financial Credit Union which authorized transfers from my primary account to the secondary account(s) listed above. I understand that no further transfers to this account will be allowed.

Account Owner Signature

Date

444 James Robertson Pkwy., Nashville, TN 37219 | members.service@southeastfinancial.org | Fax: 615-743-3792

For credit union use only:

Received by:	Date Received:	Set Up/Verified by:	Date Filed:
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