

Cross-Account Transfer Authorization/Revocation

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



To authorize transfers, this form must be signed by both the owner of the account from which transferred funds originate and the owner of the account receiving transferred funds. Revocations must be signed by the accountholder wishing to revoke transfer authorization.

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

TRANSFER FROM: _____

Account Number

Southeast Financial Member Name

TRANSFER TO: _____

Account Number

Southeast Financial Member Name

Member Authorization (FROM Account)

Please allow ten business days processing time for activation of cross-account transfer privileges.

I hereby request cross-account transfer authorization on the accounts identified above. I understand that my account number may be printed on any and all account history, including statements, of the account that I am transferring money into. I understand that this authorization only allows me to deposit money into the account designated above, and does not give me access to any additional account information, such as transaction history or account balances. I understand that, by signing below, I am authorizing the transfer of funds from my account to the account indicated herein, which I may not have ownership in. I understand that either party to this agreement may revoke this authorization at any time by completing the Member Revocation of Cross-Account Transfer Authorization section below.

Account Owner Signature

Date

Member Authorization (TO Account)

Please allow ten business days processing time for activation of cross-account transfer privileges.

As the recipient of funds from the cross-account transfer authorization defined on this form, I understand that my account number will be listed on the Online Banking page of the account that I am receiving money from. I also understand that my account number may be printed on any and all account history, including statements, of the account that I am receiving money from. I understand that this authorization only allows me to receive money from the account designated above, and does not give me access to any additional account information, such as transaction history or account balances. I understand that, by signing below, I am authorizing the transfer of funds to my account from the account indicated herein, which I may not have ownership in.

Account Owner Signature

Date

Member Revocation of Cross-Account Transfer Authorization

Please allow ten business days processing time for deactivation of cross-account transfer privileges.

By signing below, I am revoking the Cross-Account Transfer Authorization previously approved by me and submitted to Southeast Financial Credit Union which authorized transfers to the "Transfer To" account number listed herein. 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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