



Online Banking Cross Account Request

Member Name		Account Number	
Address			
Primary Phone		Work Phone	
Email address			
List accounts you would like to transfer funds to:			
Name	Account Number	Add	Delete
		[]	[]
		[]	[]
		[]	[]
		[]	[]
		[]	[]
Signatures			

By signing below, I signify that I have read and understand the Electric Fund Transfers Disclosure (EFT) and Agreement governing Online Banking transactions. The EFT Disclosure supplements my Alliance Credit Union Handbook, which contains additional terms and conditions that apply to my use of electronic funds transfer services. I understand that I may request a copy of the disclosure by contacting the credit union. I further understand that once the requested transfer is completed, it can only be reversed upon authority of the recipient.

Transferor's Signature _____ Date _____

By signing below, I signify my understanding that the above transferor has the ability to transfer to any account or loan under my account number listed above but does not have the ability to see the balance of those accounts or loans.

Recipient's Signature _____ Date _____

Accepted by: Teller # _____ Initials _____