



CROSS ACCOUNT TRANSFER AND ACCESS AUTHORIZATION / TERMINATION

| | |
|----------------|--|
| Account | |
| Primary Member | |
| Joint Member | |
| Primary Phone | |
| Email | |

I/We hereby request the following authorizations into the Credit Union West account(s) indicated below:

| | |
|------------------|---|
| Account 1 Number | |
| Member Name | |
| Authorizations | <input type="checkbox"/> Allow Deposits <input type="checkbox"/> Allow Withdrawals <input type="checkbox"/> Allow Inquiry |

| | |
|------------------|---|
| Account 2 Number | |
| Member Name | |
| Authorizations | <input type="checkbox"/> Allow Deposits <input type="checkbox"/> Allow Withdrawals <input type="checkbox"/> Allow Inquiry |

| | |
|------------------|---|
| Account 3 Number | |
| Member Name | |
| Authorizations | <input type="checkbox"/> Allow Deposits <input type="checkbox"/> Allow Withdrawals <input type="checkbox"/> Allow Inquiry |

Cross Account Transfer and Access Authorization Agreement

By requesting Cross Account Transfer and Access Authorization on my Credit Union West account(s), I/We agree to the following terms and conditions:

- (1) Cross Account Transfers are subject to all terms and conditions outlined in the Membership Agreement.
- (2) Any Account Owner or Agent may make transactions and use my account.
- (3) Cross-Account Transfers are pre-authorized transfers and are subject to all applicable regulations and fees.
- (4) All savings, sub-accounts and money market accounts are limited to six pre-authorized, automatic telephonic, audio response, or Online banking transfers in any calendar month.
- (5) The use of a PIN(s) and password(s) are required to perform transfers using TELLERPhone or Online Banking. I agree not to reveal my PIN(s) to another person. If I believe my PIN(s) or password(s) have been lost, stolen or compromised in any way, I agree to notify Credit Union West immediately. I agree the use of the PIN(s) or password(s) validation is sufficient to meet ordinary care requirements and accept responsibility for safekeeping of my PIN and password's confidentiality. I agree that the Credit Union has no liability to me in the event that a transfer is made without my knowledge or if a transfer cannot be completed for reasons outlined in the Membership and Account Agreement.

Access to Account Information. I agree that all owners and authorized users may have access to all of the information authorized above. This may include, but is not limited to, information regarding transactions, account history, and other information relating to my accounts, loans or other services with Credit Union West. I acknowledge and agree that any owner of a joint account or service, or any co-borrower has authority to provide this account access to others, who will have access to all such information listed above.

Electronic Funds Transfers (EFT's) are electronically initiated transfers of account funds through the TELLERPhone audio response service or the Online Banking service. I acknowledge receipt of the Membership Account Agreement disclosure and agree to the terms and conditions outlined in the Electronic Funds Transfer agreement, and disclosure.

I agree that Credit Union West is not responsible for any actions and/or omissions by me and/or my agent(s). My use of this feature constitutes my agreement to hold the Credit Union harmless and indemnified from any loss, costs and attorney's fees that may be sustained by virtue hereof. I understand that Credit Union West reserves the right to cancel this service at any time.

I understand, depending on the level of access selected, that I am being provided (and I am giving) access to the above account(s) which access may include, without limitation, the ability to transfer, to withdraw, to inquire, and the ability to perform any financial transaction that I am able to perform.

Primary Member Signature _____ Date _____

Joint Member Signature _____ Date _____

Account Owner 1 Signature _____ Date _____

Account Owner 2 Signature _____ Date _____

Account Owner 3 Signature _____ Date _____

I further understand that the cross account transfer link may be terminated at any time by any signer on either account as long as the signer is of majority age.

I request and authorize the termination of the cross account transfer with account number _____.

Notary not required if signature is verified by Credit Union West. Verified by: _____.

| NOTARY PUBLIC | | | |
|-----------------|------------|--|--------------|
| Primary Member | Print Name | State of _____, in the Country of _____, Subscribed and sworn to before me this _____ day of _____. X _____ | NOTARY STAMP |
| | Signature | | |
| NOTARY PUBLIC | | | |
| Account Owner 1 | Print Name | State of _____, in the Country of _____, Subscribed and sworn to before me this _____ day of _____. X _____ | NOTARY STAMP |
| | Signature | | |
| NOTARY PUBLIC | | | |
| Account Owner 2 | Print Name | State of _____, in the Country of _____, Subscribed and sworn to before me this _____ day of _____. X _____ | NOTARY STAMP |
| | Signature | | |
| NOTARY PUBLIC | | | |
| Account Owner 3 | Print Name | State of _____, in the Country of _____, Subscribed and sworn to before me this _____ day of _____. X _____ | NOTARY STAMP |
| | Signature | | |