



Cross- Account Transfer Authorization

Member Name: _____ **Account Number:** _____

I authorize transfers from my MPS Credit Union account number listed above, to the account number(s) indicated below via the Express24 Audio Response System and/or Online Banking. I understand that all account numbers involved in a transfer will appear on the statement of the corresponding account. I understand that this service authorizes debits from my account in the same manner as if the transaction had been done in person and agree to hold MPS Credit Union harmless for all transactions done by utilizing this service. Authorization is valid until revoked in writing. Fill out the account number(s) below for each account you wish to deposit funds into from the above-designated account.

	ACCOUNT NUMBER	NAME
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Member Signature	Branch	MSR	Date
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Note: Member is not required to be on account funds are being deposited into.