

TRANSFER AUTHORIZATION FORM

By signing below, I (we) authorize transfers between the following accounts through the On Tap Credit Union™ e-Teller or PhoneTeller services. I (We) agree to the terms and conditions of the Membership and Account Agreement, Truth In Savings Rate and Fee Schedule, Funds Availability Policy, and Electronic Transfers Disclosures including amendments On Tap Credit Union™ makes from time to time. I (We) acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and the e-Teller/PhoneTeller services which describes my (our) liabilities and responsibilities and the liabilities and responsibilities of On Tap Credit Union™.

Complete a separate form for each account that you wish to transfer FROM. You may use this form to indicate up to two accounts to transfer TO.

An authorized signature must be provided for each account listed.

Account to transfer **from**: _____

Account owner(s): _____

Signature: _____

Print name: _____ Date signed: _____

Account to transfer **to**: _____

Account owner(s): _____

Allow transfers into:

- Any Available Source
- Share/savings
- Checking
- Loans
- Other (Please specify): _____

Signature: _____

Print name: _____ Date signed: _____

Account to transfer **to**: _____

Account owner(s): _____

Allow transfers into:

- Any Available Source
- Share/savings
- Checking
- Loans
- Other (Please specify): _____

Signature: _____

Print name: _____ Date signed: _____