

BRAZOS VALLEY SCHOOLS CREDIT UNION

AUTHORIZATION FOR CROSS MEMBER TRANSFERS

Effective from the date of _____ until such time as I revoke this authorization in writing, or my membership is withdrawn from Brazos Valley Schools Credit Union, I _____, a primary member of good standing with Brazos Valley Schools Credit Union with the membership account number of _____, do hereby authorize **transfers FROM my accounts**, initiated through the credit union's ARU (audio response system) and/or through the Internet OnLine Access System, **TO the following membership accounts**. Upon Credit Union approval, this authorization will become effective no later than two business days from the date of receipt at the credit union. By signing this authorization for EFT services you agree to the terms and conditions as set forth in the *Electronic Funds Transfer Agreement and Disclosure* brochure.

_____ ACCOUNT NUMBER : _____ PRIMARY MEMBER NAME _____

Signature

Date signed



Received on : _____ By: _____ Branch: _____

File Maintenance date: _____ By: _____



Authorization Revoked: Please REVOKE my Cross-member Transfer Authorization.

Date: _____ Signature: _____

File Maintenance date: _____ By: _____