_____ SR9

_____ SR9
(if inverse is requested)

CROSS-ACCOUNT RELATIONSHIP AGREEMENT

Cross-Account Transfer via Touch Tone Teller and Vantage Online will allow you to electronically transfer funds from your various savings and checking account(s) to another member's account. ***Please complete all fields and keep both yellow copies for your records.***

Transfer FROM Account Information:

Account #: _____

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Daytime Phone: ( ) _____ ❍ Home ❍ Cell ❍ Work

RECEIVING Transfer Account Information:

Account #: _____

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Daytime Phone: ( ) _____ ❍ Home ❍ Cell ❍ Work

By signing this Agreement, You understand that You are applying for current and future electronic services offered. You agree and understand that if approved You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Addendum, the Vantage Credit Union (VCU) Membership and Account Agreement, the Fee Schedule, and all the terms and amendments the Credit Union makes from time to time that are incorporated herein. You acknowledge receiving a copy of the Agreements and Fee Schedule. If this is a joint application, You agree that such liability is joint and several. You understand that You will be liable for all transactions requested by any joint owner(s). You understand that any card, Personal Identification Number (PIN) or other electronic access You request for Your joint owner(s) or co-trustee(s) will allow them access to funds and/or information on accounts which they may not be a joint owner. You agree to indemnify and hold VCU harmless for any transfers You initiate through Cross-Account transfer. You understand all transfers are non-revocable and can not be reversed without the written consent of the receiving account owner. To facilitate Cross-Account Transfers, You understand and agree that the account number and types of accounts must be available/viewable to the individual initiating each transfer. If there is any change of ownership or transfer capability on Your account or You wish to revoke this authorization, You will notify VCU immediately and will also change Your PIN on all electronic services that You have with VCU.

_____ _____

Primary Member's Signature Date | Receiving Primary Member's Signature Date

By signing again, members also request and authorize the Cross-Account Transfer as identified below.

RECEIVING Transfer Account Information:

Account #: _____

_____

Receiving Primary Member's Signature Date

Transfer FROM Account Information:

Account #: _____

_____

Primary Member's Signature Date

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Verified all signatures	.OMA updated	VCU Representative	Date

White Copy – VCU
Yellow Copies – Member