# Inter Account Transfer Authorization

Please allow the following accounts to be subject to inter-account transfers on:

_____**ART Line** (Telephone) _____**Home Banking** (Internet)

**Primary (FROM) Account Information**

Name(s) _____

Account #s _____

**Secondary (TO) Account Information**

Name(s) _____

Account #s _____

**Authorization**

I (we) authorize transfers to be made **from** primary account# _____ **to** secondary account#_____ only as listed above.

_____ _____
*Signature* *Date* *Signature* *Date*

_____ _____
*Signature* *Date* *Signature* *Date*

****All owners of the PRIMARY (FROM) Account must sign this form in order to have this request completed****

For Credit Union Use Only:

Accepted by: _____

Date: _____

10/20/08