Transfer Authorization and Agreement

Select All That Apply:

☐ Oral or Written Requests Only

☐ Automatic Transfer Amount:_____ Start Date:_____

FROM Account: _____ **TO** Account: _____

Frequency: ☐ Weekly ☐ Monthly ☐ Other*:_____
(Must be approved and may not be available)

I/We authorize Greater Valley Credit Union to transfer funds from my/our account to the account listed above in the manner specified.

I/We understand that I/We are not an account owner of the account in which the funds will be transferred into and will no longer be entitled to the funds once the transfer(s) has been made, nor can the transfer(s) be reversed or transferred back to my/our account without consent from the other account owner unless it was due to a Credit Union error.

I/We understand that if I/We wish to revoke this Transfer Authorization I/We will contact the Credit Union immediately.

I/We agree to indemnify the Credit Union against all liability, loss, costs, damages, attorney fees and other expenses, including but not limited to the amount of the transfer(s) for complying with this request.

By signing below I/We agree to the terms and conditions of this Transfer Authorization and Agreement.

Names of ALL Account Owners	**Signature**	**Date**

Revocation of Transfer Authorization

I hereby revoke this Transfer Authorization effective: _____.

Member Signature: _____ Date: _____

Credit Union Use:

Updated By/Date	Approved By/Date	Revocation Updated By/Date	Revocation Approved By/Date

Rev. 3/10