

Cross Account Transfer Authorization Form Rev. 02.10.14 HACU 1149

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| Step 1 | Print form |
| Step 2 | Fill out form |
| Step 3 | Fax to 630.276.5841 or Mail to: HealthCare Associates Credit Union, 1151 E. Warrenville Rd., PO Box 3052, Naperville IL 60566-7053 |

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|------------------------|--|
| Member Name: | <input style="width: 80%;" type="text"/> |
| Account Number: | <input style="width: 80%;" type="text"/> |

I request transfer capabilities via Internet Branch and Telephone Teller, PAM.

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| Please select a transfer type: | |
| <input type="checkbox"/> | Allow transfers TO and FROM the account listed below. (Requires signatures from both accounts.) |
| <input type="checkbox"/> | Allow only transfers TO the account listed below. |
| Account Number: | <input style="width: 750px;" type="text"/> |

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|-----------------------------|--|----------|--|
| Please select a preference: | | | |
| <input type="checkbox"/> | All shares and loans | | |
| <input type="checkbox"/> | Specific shares and loans (see below) | | |
| Share ID: | <input style="width: 95%;" type="text"/> | Loan ID: | <input style="width: 95%;" type="text"/> |
| Share ID: | <input style="width: 95%;" type="text"/> | Loan ID: | <input style="width: 95%;" type="text"/> |
| Share ID: | <input style="width: 95%;" type="text"/> | Loan ID: | <input style="width: 95%;" type="text"/> |
| Share ID: | <input style="width: 95%;" type="text"/> | Loan ID: | <input style="width: 95%;" type="text"/> |
| Share ID: | <input style="width: 95%;" type="text"/> | Loan ID: | <input style="width: 95%;" type="text"/> |

Signature X _____ Date _____

Signature X _____ Date _____

Cross Account Transfer Authorization requests are not accepted without a valid signature.

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| Contact us | Call Center: 630.276.5555 or (outside Chicagoland) 800.942.0158 | | | |
| | Fax: 630.276.5841 | | | |
| Online: hacu.org | | | | |
| Branch Locations | | | | |
| Des Plaines | | Naperville | | |
| Oak Lawn | | Winfield | | |