

## Cross Account Transfer Authorization Form

Rev. 02.10.14 HACU 1149

### Step 1

Print form

### Step 2

Fill out form

### Step 3

Fax to 630.276.5841 or Mail to: HealthCare Associates Credit Union,  
2441 Warrenville Rd, Suite 400, PO Box 3052, Lisle IL 60532

**Member Name:**
**Account Number:**

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

Please select a transfer type:

- ☐ Allow transfers TO and FROM the account listed below. (Requires signatures from both accounts.)
- ☐ Allow only transfers TO the account listed below.

Account Number:

Please select a preference:

- ☐ All shares and loans
- ☐ Specific shares and loans (see below)

Share ID:		Loan ID:	
Share ID:		Loan ID:	
Share ID:		Loan ID:	
Share ID:		Loan ID:	
Share ID:		Loan ID:	

Signature X \_\_\_\_\_

Date \_\_\_\_\_

Signature X \_\_\_\_\_

Date \_\_\_\_\_

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

### Contact us

**Call Center:** 800.942.0158

**Fax:** 630.276.5841

**Online:** hacu.org

### Branch Locations

Des Plaines

Oak Lawn

Winfield