



HOUSTON TEXAS FIRE FIGHTERS FEDERAL CREDIT UNION

AUTHORIZATION FOR CU ONLINE/PATT CROSS-MEMBER TRANSFERS

I understand that this request will allow me to conduct transfers between the accounts identified below as directed using the CU Online/PATT automated systems. This is a mutually binding relationship among the account owners. There must be a common ownership among the accounts in this agreement. This agreement remains binding until one of the accounts is closed or until this agreement is canceled, by either of the primary account holders, in writing. By signing this agreement, I authorize transactions on all shares and loans between the accounts identified below. I accept any risk associated with this arrangement. **If this agreement is for transfers from and to both accounts, I understand it is my responsibility to share my CU Online/PATT access code with the opposite account holder.**

If you are in need of assistance, please contact us at (713)864-0959.

Start Authorization

Cancel Authorization

FROM ACCOUNT

TO ACCOUNT

Circle accounts that apply:

Savings: 01 04 09 24
Checking: 27 28 29 30

Member Number _____

Primary Owner (Print Name) _____

Primary Owner's Signature _____

Date _____ Daytime Number _____

Are you on both accounts? Yes No

Circle accounts that apply:

Savings: 01 04 09 24
Checking: 27 28 29 30
Loans: _____

Member Number _____

Primary Owner (Print Name) _____

Primary Owner's Signature _____

Date _____ Daytime Number _____

Are you on both accounts? Yes No

If this agreement is for transfers from and to both accounts, bottom portion must be completed.

Start Authorization

Cancel Authorization

FROM ACCOUNT

TO ACCOUNT

Circle accounts that apply:

Savings: 01 04 09 24
Checking: 27 28 29 30

Member Number _____

Primary Owner (Print Name) _____

Primary Owner's Signature _____

Date _____ Daytime Number _____

Are you on both accounts? Yes No

Circle accounts that apply:

Savings: 01 04 09 24
Checking: 27 28 29 30
Loans: _____

Member Number _____

Primary Owner (Print Name) _____

Primary Owner's Signature _____

Date _____ Daytime Number _____

Are you on both accounts? Yes No

For Office Use Only:

Signature Verified and processed by: _____ Date: _____

Audited by _____ Date: _____