



Unigasco Community Credit Union Inter-Member Funds Transfer Authorization

I, _____, authorize the transfer of funds:
print name

From (Debit Account):	To (Credit Account):	_____
Account Number:	Account Number:	_____
	Account Type :	_____

I acknowledge that I am a signatory on the debit account and will be using Unigasco's MemberDirect online banking or MemberLine telephone banking to transfer funds from time to time.

By signing this document I am authorizing Unigasco Community Credit Union Limited to allow me to perform these transactions on the automated banking systems.

I further agree that I will hold Unigasco Community Credit Union Limited harmless in the event of unauthorized use of the inter-member transfer.

_____	_____	_____
Debit Account Holder Signature	Date	Credit Union Employee

Where the member originating the inter-member transfer of funds is NOT a signatory on the credit account, the credit account member must also authorize access to automated transfers.

I, _____ acknowledge that I am signatory on the credit account and authorize said automated transfer of funds from time to time. I further agree that I will hold Unigasco Community Credit Union Limited harmless in the event of unauthorized use of the intermember transfer.

_____	_____	_____
Credit Account Holder Signature	Date	Credit Union Employee

Upon signed receipt of this form, Unigasco Community Credit Union will activate this InterMember Transfer.

Deliver this form in person, fax it to us at (519)436-5451, or mail it to us at the address below,