



CROSS ACCOUNT TRANSFER SET-UP

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-0619 fax providentcu.org

Use this form to **authorize the transfer of funds from your Provident account to other accounts of Provident members.** Once this form is processed, you will be able to use the transfer feature in online banking, mobile banking and telephone banking to easily transfer funds.

By signing below I acknowledge and agree that as the member named below as "Transferor", I hereby wish to be able to use online banking, mobile banking and/or telephone banking (Touch Tone Teller) to transfer money from my accounts into any and all accounts normally available to the member(s) named below as "Transferee".

This exchange is one-way, i.e. from myself (transferor) to the transferee. A separate application is required to set up cross account transfers from one of the transferees named below into any of my accounts. In such a situation, where one of the transferees named below has also completed an application to be a transferor into one of my accounts, that person would still not be able to transfer money from my account, unless that person had access to my online banking credentials or PIN.

I will guard my password and PIN and not disclose it to others unless I want that/those person(s) to have full availability to my account including the ability to transfer money from my account.

I understand that Provident Credit Union is not responsible for any unauthorized transfer on online banking or Touch Tone Teller, which may or may not result from the sharing of PINs. I hereby hold Provident Credit Union harmless and agree to indemnify Provident Credit Union for any telephone or Internet transfer within the guidelines set forth in the master disclosure and this Agreement.

This agreement will remain in effect until Provident Credit Union receives written notice of cancellation of the authorization executed by either party.

TRANSFEROR

_____	_____	_____	_____
↑ Primary Member First Name	M.I.	Last Name	Member Number
_____		_____	_____
Address		City	State Zip
_____	_____	_____	_____
(Area Code) Home Phone	(Area Code) Work Phone	(Area Code) Cell Phone	Email

X _____	_____
Signature	Date

TRANSFEEE(S)

1	_____	_____	_____
	↑ Primary Member First Name	M.I.	Last Name
			Member Number
2	_____	_____	_____
	↑ Primary Member First Name	M.I.	Last Name
			Member Number
3	_____	_____	_____
	↑ Primary Member First Name	M.I.	Last Name
			Member Number
4	_____	_____	_____
	↑ Primary Member First Name	M.I.	Last Name
			Member Number

Please mail the completed form to:

Provident Credit Union
Attn: Account Services
303 Twin Dolphin Drive
Redwood City, CA CA 94065

Or fax to (650) 508-0619, or return to any Provident community branch.

CREDIT UNION USE ONLY			
Signature verified by:	<input type="checkbox"/> Signature Card	<input type="checkbox"/> Identification	
C24A entered: _____	_____	Memo entered: _____	_____
	Initial Date		Initial Date