CROSS ACCOUNT AUTHORIZATION FORM

By completing and signing this form, you are requesting the ability to transfer funds **from** your TVFCU account **to** the accounts you list below. Understand that funds may be transferred using TVFCU's Home Banking and/or WANDA, TVFCU's phone teller. You must be the primary or joint owner of this account to authorize this consent. Furthermore, it is understood that the accounts listed are receiving accounts only. If you need to have access to withdraw from other accounts, please complete additional forms.

Please Print:

Your Name _____

Your Membership Number _____

ADD	DELETE	TO MEMBER NAME	TO MEMBER ACCOUNT NUMBER

Member Signature _____ Date _____

Jt. Member Signature _____ Date _____