

LOCKHEED FEDERAL CREDIT UNION
2340 Hollywood Way P.O. Box 6759 Burbank, Ca 91510-6759 FAX 818-840-6855
ONLINE BANKING CROSS ACCOUNT TRANSFER AUTHORIZATION AND
THIRD PARTY CROSS ACCOUNT TRANSFER REQUEST

Name: First _____ MI _____ Last _____ **Home Telephone:** _____

Address: Street _____ City _____ State Zip _____ **Work Telephone:** _____

CROSS ACCOUNT TRANSFER AUTHORIZATION
 (Transfer Funds to Your Other Membership Accounts through Online Banking)

Transfer funds **TO** your other membership accounts on which you are a legal owner but which have different primary accountholder names and social security numbers. You must be a legal owner on all accounts listed. **You must have Online Banking access and a PIN on the account FROM which you wish to transfer funds. If you also want the capability to transfer funds in both directions, check "Yes" under "Both"; otherwise, check "No". You must have Online Banking access and a PIN on the account TO which you wish to transfer funds if you also want to transfer funds in the reverse direction.**

TRANSFER FROM ACCOUNT	TRANSFER TO ACCOUNT	BOTH
Account Name _____	Account Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number _____	Number _____	
TRANSFER FROM ACCOUNT	TRANSFER TO ACCOUNT	BOTH
Account Name _____	Account Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number _____	Number _____	

I hereby request Cross Account Transfer Authorization on the accounts identified above. I understand that Lockheed Federal Credit Union must first verify my signature and the accuracy of the above information to ensure that I am a legal owner on all accounts listed before transfer authorization will be granted. By signing below, I agree to the terms and conditions of the LFCU Online Banking – Internet Agreement and Electronic Funds Transfer Disclosure, and specifically the “Cross Account Transfers” section contained therein, which is available to me on the Credit Union’s Web site in printable and downloadable format, and which is also available to me from the Credit Union upon request.

Member Signature _____ Date _____

THIRD PARTY CROSS ACCOUNT TRANSFER REQUEST

(Transfer Funds From Your Account to Another LFCU Member’s Account through Online Banking)

Transfer funds from your account TO another LFCU member’s account. **Funds transfers to third party accounts are non-revocable and can not be reversed once the transfer has been made unless specifically authorized in writing by the recipient. Transfers from your savings or money market account to third parties are limited to three per calendar month (see “Transaction Limitations on Savings and Money Market Accounts” in our Online Banking Agreement).**

Record YOUR Account Name and Number FROM which you wish to transfer funds:

Account Name _____	Account Number _____
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I hereby request Third Party Cross Account Transfer capabilities from my account as listed above, to the third party account as recorded below. By signing below, I agree to the terms and conditions of the LFCU Online Banking – Agreement and Electronic Funds Transfer Disclosure, and specifically the “Cross Account Transfers” section contained therein, which is available to me on the Credit Union’s Web site in printable and downloadable format, and which is also available to me from the Credit Union upon request.

Member Signature _____ Date _____

Record the THIRD PARTY Account Name and Number TO which funds will be transferred:

All Shares/Loans

Restricted to Share/Loan ID _____

Account Name _____	Account Number _____
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I acknowledge that I am the owner of the above account. As a recipient of an authorized Third Party Cross Account Transfer of funds, I understand and agree that the sender of these funds may view the number and types of accounts I maintain at the Credit Union through the Online Banking transfer function, but that the sender will never be able to access my account transaction history or balance information and can not perform withdrawals or transfers from these accounts.

Recipient Member Signature _____ Date _____
