



Kamehameha Federal Credit Union

AUTHORIZATION FOR CROSS-ACCOUNT TRANSFER VIA ONLINE BANKING

Transfer From:

Member Name: _____ **Initiating Account #:** _____

I authorize Kamehameha Federal Credit Union to set up cross-account access via Online Banking for the following accounts listed below. I am an owner or am legally authorized to perform transactions on the initiating account above. I understand that all accounts must be enrolled for Online Banking. I agree not to disclose my password to any person(s) not named on an account.

Transfer To:

Account #: _____ **Member Name:** _____

Account #: _____ **Member Name:** _____

Account #: _____ **Member Name:** _____

Account #: _____ **Member Name:** _____

Account #: _____ **Member Name:** _____

Account #: _____ **Member Name:** _____

Terminate the cross account access from initiating account number: _____ Effective: _____

Terminate the cross account access to account number(s): _____ Effective: _____

Cross-Account Transfer Authorization Agreement

By requesting Cross-Account Transfer Authorization on my Kamehameha Federal Credit Union account(s), I agree to the following terms and conditions:

- (1) Transfers are subject to Electronic Funds Transfer (EFT) requirements as described in the Electronic Funds Transfer (EFT) Disclosure.
- (2) Regular Share Accounts are subject to minimum balance requirements as described in the Truth in Savings Disclosure for Savings Programs.
- (3) For all share, Christmas Share, and Secondary Share accounts, you may make no more than six (6) transfers and withdrawals from your account to another account of yours or to a third party in any month by means of a preauthorized, automatic, or Internet transfer, by telephonic order or instruction, or by check, draft, debit card or similar order. If you exceed these limitations, your account may be subject to a fee or be closed.

I acknowledge receipt of the Membership Account Agreement disclosure and agree to the terms and conditions outlined in the Electronic Funds Transfer agreement, and disclosure.

Signature: _____ **Date:** _____

For Credit Union Use Only:

Completed By: _____ Teller #: _____ Date: _____

Audited By: _____ Teller #: _____ Date: _____