



CROSS ACCOUNT DEPOSIT FORM

Date: _____

Please include a photocopy of your driver's license with this completed form.

Drop off at any branch or mail to:

APGFCU

Attn: Member Service Center

P.O. Box 1176

Aberdeen, MD 21001-6176

If both parties are unable to present this form in person at any branch, it must be notarized before sending.

Authorization	
I _____ authorize APGFCU to allow funds to be (moved / transferred) for deposit or payment to membership # _____, share/loan ID(s) _____.	
(I/We) also understand either party has the right to rescind this authorization and signing this request does not alter the terms of the membership application that (I/we) signed. Additionally, (I/we) understand (I/we) am/are responsible for all transactions incurred by granting access to this account.	

Authorization Signature(s) – Please print Last, First, Middle Initial	
NAME ON FROM ACCOUNTS (WHERE FUNDS ARE COMING FROM)	
AUTHORIZED SIGNATURE ON FROM ACCOUNTS	DATE
NAME ON TO ACCOUNT (WHERE DEPOSIT/PAYMENTS WILL BE APPLIED)	
AUTHORIZED SIGNATURE ON TO ACCOUNT	DATE

Please note: If both parties are unable to present this form in person at any branch, it must be notarized below.		
NOTARY SIGNATURE OF FROM ACCOUNT (WHERE FUNDS ARE COMING FROM)		DATE
TYPE OF ID	IDENTIFICATION #	EXP. DATE
NOTARY SIGNATURE OF TO ACCOUNT (WHERE DEPOSIT/PAYMENTS WILL BE APPLIED)		DATE
TYPE OF ID	IDENTIFICATION #	EXP. DATE

APGFCU Employee Use Only		
NAME OF MSR PROCESSING THIS FORM Please print Last, First, Middle Initial	MSR INITIALS	DATE

P.O. Box 1176 • Aberdeen • MD • 21001-6176
410-272-4000 • apgfcu.com • 1-800-225-2555