

# CROSS-ACCOUNT DEPOSIT FORM

## MEMBER INSTRUCTIONS

Please include a photocopy of your driver's license with this completed form. Drop off finalized paperwork at any branch or mail to the address listed below. If both parties are not able to present this form in person at any of our local branches, it must be notarized before it is sent.

APGFCU, Attn: Member Service Center  
P.O. Box 1176, Aberdeen, MD 21001-6176

### AUTHORIZATION

(I/We) authorize APGFCU to allow funds to be (moved / transferred) from account # (1) \_\_\_\_\_ for deposit or payment to account # (2) \_\_\_\_\_. (I/We) also understand that either party has the right to rescind this authorization and that signing this request does not alter the terms of the membership application that (I/we) signed. (I/ We) also agree that any future suffixes opened under (my/our) account number(s) will be subject to cross-account access. Additionally, (I/we) understand that (I/we) am responsible for all transactions incurred by granting access to this account.

*\* Transfer Deposits will return a balance on both accounts to the person performing the transaction*

### AUTHORIZATION SIGNATURE(S)

NAME ON FROM ACCOUNT (1) - Please print Last, First, Middle Initial

AUTHORIZED SIGNATURE ON FROM ACCOUNT (1)

DATE

NAME ON TO ACCOUNT (2) - Please print Last, First, Middle Initial

AUTHORIZED SIGNATURE ON TO ACCOUNT (2)

DATE

**PLEASE NOTE:** If both parties are not able to present this form in person at any of our local branches, it must be notarized in the space provided below.

NOTARY SIGNATURE OF ACCOUNT (1)

DATE

ACCOUNT (1) TYPE OF I.D.

IDENTIFICATION # (1)

EXP. DATE

NOTARY SIGNATURE OF ACCOUNT (2)

DATE

ACCOUNT (2) TYPE OF I.D.

IDENTIFICATION # (2)

EXP. DATE

### APGFCU EMPLOYEE USE ONLY

NAME OF MSR PROCESSING THIS FORM - Please print Last, First, Middle Initial

MSR INITIALS

DATE



Federally insured by NCUA