

Cross-Account Authorization

			Member #	E-mail:
request cross-accounthorized signer a			following University Credit Union accou	unts that name me as owner, joint owner,
Account	Add	<u>Delete</u>	Suffix Type (circle one type per line)	Suffix Numbers (if "All" not selected
	. 🖳		Share/Loan/Certificate/All	
	. 📙		Share/Loan/Certificate/All Share/Loan/Certificate/All	
	. 📙		Share/Loan/Certificate/All	
	. Ш	Ш	Share/ Loan/ Certificate/ / In	
Overdraft Loan or aken from share a	share acc	counts with from the a	Account transfers initiated by University C th the same account number as the transac above-listed cross accounts to cover posted ding cross-account access at (800) UCU-4.	etions being processed (funds cannot be d transactions). Please contact University
Overdraft Loan or aken from share a Credit Union for a	share acc	counts with from the a	th the same account number as the transac above-listed cross accounts to cover posted	Credit Union will use only funds from the ctions being processed (funds cannot be d transactions). Please contact University 510, ext 1.
Overdraft Loan or aken from share a	share acc	counts with from the a	th the same account number as the transac above-listed cross accounts to cover poster ding cross-account access at (800) UCU-4.	Credit Union will use only funds from the etions being processed (funds cannot be d transactions). Please contact University

access to accounts that you are named as co-owner. University Credit Union will not be able to process the form if there is no evidence that the person filling out this form is not a co-owner of the account that they are trying to access.

By logging in with your primary account number, you will gain access to any account in which you are named as co-owner, as listed above.

Completion Instructions:

- 1. Please complete name, UCU Account Number and e-mail address.
- 2. In the Account section, please indicate if you woule like to add or delete cross-account access to another account.
- 3. Suffix Type: Please select the account suffixes that you would like to access. Please note that if you are a co-owner of the entire account you are trying to access, please circle all. If you are not a co-owner in every suffix, please circle suffix type and write in the suffix(es) that you would like to access.

This form can be mailed or faxed to UCU.

Fax: (310) 473-7182

University Credit Union Mailing Address:

Attn: Operations Services Dept.

1500 S. Sepulveda Blvd. Los Angeles, CA 90025