



CROSS ACCOUNT TRANSFER AUTHORIZATION FORM

Name: _____ Account Number: _____

This Cross Account Transfer Authorization Form allows the Sending Member (named above, signature below) to make transfers to Receiving Members' accounts (listed below) by using the Credit Union's automated Web service. Only the Sending Member may make transfers to the Receiving members' accounts listed below. Transfers cannot be made from the Receiving Member's accounts to the Sending Member's account. For reciprocal arrangements, a separate authorization form must be completed.

We authorize the Credit Union to permit the Sending Member to make Cross Account Transfers between the account number provided to the above and the receiving accounts listed below. We agree to indemnify and hold the Credit Union harmless for any transactions authorized by this Cross Account Transfer Authorization Form including, but not limited to, payment of all court costs and attorney's fees, claims involving negative balance or delinquencies resulting from transactions made by the Sending Member. We further understand that the Credit Union, in its sole discretion, may cancel this Agreement at any time, or may refuse to make specific Cross Account Transfers from time to time. This Agreement will remain in effect until the Sender notifies the Credit Union, in writing, of their desire to discontinue. (Note: Cancellation of one Cross Account Transfer arrangement listed below may not affect the others.)

Nothing contained in this Authorization Form is intended to change ownership of the indicated account(s). Sending/Receiving Member authorization means access to any and all subaccounts in either Account Number.

Receiving Member's Account #: Receiving Member's Name:	Receiving Member's Account #: Receiving Member's Name:
Receiving Member's Account #: Receiving Member's Name:	Receiving Member's Account #: Receiving Member's Name:
Receiving Member's Account #: Receiving Member's Name:	Receiving Member's Account #: Receiving Member's Name:
Receiving Member's Account #: Receiving Member's Name:	Receiving Member's Account #: Receiving Member's Name:

By signing below, I (We) acknowledge that I (We) have received, read and agree to be bound by the terms of the Merck Employees Federal Credit Union Cross Account Transfer Authorization Agreement.

Primary Account Holder's Signature: _____ Date: _____

Joint Account Holder's Signature (if any) or Parent or Guardian of Minor: _____

Please note: You cannot use Telephone Teller service to make Cross Account Transfers. Minors must have their parent or guardian's signature above to become the Sending member in any Cross Account Transfer arrangement(s).

For Office Use Only Entered by:	First Review:
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