Merck Employees Federal Credit Union Cross Account Transfer Authorization Form Enter your Account Number & Name to the right.

Complete this Cross Account Transfer Form and, if you wish, the Overdraft Protection Agreement on the other side of this form. If you do not wish to complete the Overdraft Protection Agreement at this time, you may do so later. If you already have Cross Account Transfers authorized, or you only wish to request Overdraft Protection service, skip this side and complete the reverse side of this form only.

This Cross Account Transfer Authorization Form allows the Sending Member (named to the right, 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 Members' accounts to the Sending Member's account. For reciprocal arrangements, a separate authorization 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 right 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 # Print Receiving Member's Name	Receiving Member's Account # Print Receiving Member's Name
Receiving Member's Account # Print Receiving Member's Name	Receiving Member's Account # Print Receiving Member's Name
Receiving Member's Account # Print Receiving Member's Name	Receiving Member's Account # Print Receiving Member's Name
Receiving Member's Account # Print Receiving Member's Name	Receiving Member's Account # Print 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 (Sending Member's) Signature	Date
Joint Account Holder's Signature (if any) or Parent or Guardian of Minor above * Please refer to the information by the asterisk on the reverse side of this form.	
Please Note: You cannot use the Shadow 1 Telephone Teller service to make Cross Account Transfers. Minor's must have their parent's or guardian's signature above to become the Sending Member in any Cross Account Transfer arrangement(s).	

