Branch ID #: _____

dupage credit union

Online Banking and Automated Phone Banking Cross Account Agreement

Not Transferable

If you would like to sign up for Cross Account Access, please fill out his form and return it by:

Mail to:	**Fax to:**	**Electronic Delivery:**
DuPage Credit Union PO Box 3930 Naperville, IL 60567-3930 Attn: Contact Center	630-305-6154 Attn: Contact Center	Electronically sign using the instructions provided by the Credit Union

Please complete one form for each transfer situation (Example: Complete one form to transfer from Account A to Account B. Complete another form to transfer from Account B to Account A.)

☐ I hereby state I am an owner on both membership accounts listed below and request Automated Phone Banking and Online Banking Cross Account Access privileges. I understand cross account access will enable me to deposit (transfer) funds from one account to another account via Automated Phone Banking and Online Banking. Only personal accounts are eligible for this service.

The cross account access is set up as follows:

FROM Account No. _____ Primary Owner's Name _____

TO Account No. _____ Primary Owner's Name _____

By signing this authorization, I understand I am responsible for any cross account activity that occurs through Automated Phone Banking and Online Banking.

_____

Signature Date

CANCEL CROSS ACCOUNT ACCESS

☐ By checking this box, I hereby request Cross Account Access privileges to be CANCELED on the accounts as indicated above. Please sign your name on the signature line.

FOR CREDIT UNION USE ONLY: _____

Team Member Name Date

YOUR SAVINGS INSURED TO $250,000 PER ACCOUNT
AMERICAN SHARE INSURANCE
By members' choice, this institution is not federally insured.