



# Cedar Point Federal Credit Union

## Related Account Authorization

I/We give permission for funds to be transferred between these accounts either by:

1. Telephone transfer with proper identification
2. Teller24 transaction with PIN
3. Internet transaction via Personal Credit Union with PIN

Account restrictions apply, please see the Share Rate and Fee schedule and the Account Agreement for these restrictions. This authorization will continue until revoked in writing by any authorizing account holder.

Primary Account Holder	Joint Account Holder (if applicable)	Account Number

*This form must be signed by ALL account holders.*

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holder Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holder Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holder Signature (if applicable)

\_\_\_\_\_  
Date

Check here and See Reverse for Overdraft Protection Authorization

Employee #	Date	Verified By:
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**Overdraft Protection Authorization  
For Share Draft Accounts Only**

I/We give permission for funds to be transferred between these accounts automatically in an overdraft situation. Overdraft situations include but are not limited to:

1. Share draft overdraft
2. EFT/ACH overdraft
3. Visa Check Card overdraft
4. ATM overdraft
5. Overdraft Fees

<b>Primary Account Holder</b>	<b>Joint Account Holder (if applicable)</b>	<b>Account Number</b>	<b>Suffix</b>

Transfer **FROM** these related account(s)\* in the following order:

\*Prime Share (suffix 0 & 1), Sub Share (suffix 10-19) and Share Draft (suffix 8, 9, & 28) **ONLY**  
*Signature required by all account holders listed below*

	<b>Primary Account Holder</b>	<b>Joint Account Holder (if applicable)</b>	<b>Account Number</b>	<b>Suffix</b>
1				
2				
3				
4				
5				

and I further understand that **I may not receive notification that a transfer has occurred** until I receive my monthly statement. Account restrictions apply, please see the Share Rate and Fee schedule and the Account Agreement for these restrictions. This authorization will continue until revoked in writing by any authorizing account holder.

<b>Account Holder Signature</b>	<b>Date</b>
<b>Account Holder Signature (if applicable)</b>	<b>Date</b>
<b>Account Holder Signature (if applicable)</b>	<b>Date</b>
<b>Account Holder Signature (if applicable)</b>	<b>Date</b>

Employee #	Date	Verified By:
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