



**Anytime Teller/Online Banking
Transfer Authorization**

Account Name / Account Number

Primary Owner Signature / Date

Joint Owner Signature / Date

The signature(s) above authorizes the primary or joint account owner of the account number indicated above to make transfers into the following account(s) through Anytime Teller or Online Banking. *This form does not authorize transfers from any account listed below into the primary account indicated above.*

This agreement will remain in effect until East County Schools Federal Credit Union receives written notice of cancellation of the authorization, executed by the primary owner.

ACCOUNT #	ACCOUNT NAME (print)	PRIMARY SIGNATURE