

**WILLIS CREDIT UNION
HOME BANKING SERVICE
CROSS-ACCOUNT TRANSFER AUTHORIZATION FORM**

Willis Credit Union
Attention: Financial Services Department
26 Century Boulevard, Suite 3
Nashville, Tennessee 37214

I wish **to have the ability** to transfer funds from my account to another account(s) at Willis Credit Union through the Credit Union's Home Banking System.

I hereby accept the responsibility for all funds transferred from my account to any other account authorized on this form.

NOTE: For cross-reference purposes, your account number will appear on the transaction within the statement period of the account in which you are transferring funds to.

Transfer From Account Information:

Print Member Name (Primary Member Only)

Account Number

Signature of Primary Member and Date

Transfer To Account Information:

Print Member Name (Primary Member Only)

Account Number

Social Security Number

Transfer To Account Information:

Print Member Name (Primary Member Only)

Account Number

Social Security Number

Transfer To Account Information:

Print Member Name (Primary Member Only)

Account Number

Social Security Number

For Credit Union Use Only

Teller Initials: _____

Date UJNTs Completed: _____