



# CROSS ACCOUNT TRANSFER AUTHORIZATION

Please submit completed form to a local branch, email to [memberservice@firstpeoples.com](mailto:memberservice@firstpeoples.com), fax to 301-759-3529 or mail to PO Box 5149, Cresaptown, MD 21505-5149.

This authorization will allow the owner(s) of the "From" account to transfer funds to **any share or loan** on the "To" account. The account owner(s) further understand that this authorization applies only to transfers made using CAT (Call Access Teller) or FP@Home<sup>®</sup> online banking services. The cross account transfer will remain in effect until revoked by an owner of either account involved.

## "From" Account Information

Primary Member's Name \_\_\_\_\_

Joint Member's Name \_\_\_\_\_

Member # \_\_\_\_\_

By signing below, I authorize automated transfer of funds from the account designated above to any and all owners of the "To" account. I understand that my/our account number will be displayed on the account statement for any period in which a transfer is made.

X \_\_\_\_\_

Authorized Signature

Date

## "To" Account Information

Primary Member's Name \_\_\_\_\_

Joint Member's Name \_\_\_\_\_

Member # \_\_\_\_\_

By signing below, I authorize automated transfer of funds to the account designated above from any and all owners of the "From" account. I understand that my/our account number will be displayed on the account statement for any period in which a transfer is made.

X \_\_\_\_\_

Authorized Signature

Date