I, authorize transfers to be made from any of my accounts under my member number to the following people and corresponding account numbers. I fully understand that these transfers may remove my ownership and control of these funds. These transfer are providing benefit to someone not on my current account. As part of this authorization, I request that a PIN or Password be provide on each of these transfers to identify me as the authorizing person. The password or PIN that I have chosen is ______. This password/PIN will be provide each and every time I transfer to one of the accounts listed below. Transfer To Name _____ Member number/ acct# _____ Name _____ Member number/ acct# ____-___ Name Member number/ acct# ____**____**____ Name _____ Member number/ acct# ____**-**___-Name Member number/ acct# Name _____ Member number/ acct# Name _____ Member number/ acct# Name _____ Member number/ acct# Signed _____ Date _____ Scanned and Comment added to system by _____ date ____ I wish to revoke the authorization above as of this day ______, 20__. Signed ______ Date _____

Scanned and Comment Removed by _____ date_

PHONE TRANSFER AUTHORIZATION