

Cross-Member Transfer Authorization Form

Complete the form below to allow transfers to your membership on Home Banking and Maggie, our Audio Response Telephone System. If you have any questions about this form, please call 317-352-0423.

The person receiving deposits from another membership should complete the following form and sign the "TO" line. The person sending deposits to your membership should sign the "FROM" line.

Mail completed form to: Family Horizons Credit Union
6665 East 21st Street
Indianapolis, IN 46219

Cross-Member Transfer Authorization

Member#: _____ Name: _____

Please allow member #: _____ - _____ to make transfers to the following account(s) on my member number, (Check all that apply.)

#1 Regular Savings #2 Checking #6 Special Savings

Please allow member #: _____ - _____ to make payments to the following loans on my membership: _____

"TO": Member's Signature _____

"FROM" - Member's Signature _____

Note: This only authorizes transfers on Audio Response Telephone System and Home Banking



Family Horizons
CREDIT UNION