

# Virtual Branch

## Cross Member Transfer Consent



**Cross Member Transfer**- A transfer of funds from one FAFCU member's account to another FAFCU member's account.

**Please note the following important details:**

1. The member will only be able to transfer money TO your account.
2. The member will have access to view your account balances from Virtual Branch Online Banking.
3. There is no charge to either member for this service.
4. You may cancel this request at any time.

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(Complete below this line)

**Please allow the member (below) to see my balance and transfer funds to my:**

Savings Only (Suffix A)                       Checking Only (Suffix 0)                       Both Savings and Checking

**Your Account ("To" Account):**

Your Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Member Being Given Permission To Transfer Funds To Your Account ("From" Account):**

Members Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Consent:**

I, \_\_\_\_\_ (Print Your Name), hereby provide my consent to allow  
\_\_\_\_\_ (Print 2<sup>nd</sup> Account Name) to transfer funds to my credit union account(s).  
I understand that the member will be able to view my account balances at all times through Virtual Branch Online Banking, and that they will only be able to transfer funds TO my account.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Mail or Fax to:

Financial Assurance Federal Credit Union, 33<sup>rd</sup> Floor, Jersey City, NJ 07310 (Phone: 201-743-5355, Fax: 201-743-6520)