



CEDAR POINT FEDERAL CREDIT UNION

RELATED ACCOUNT AUTHORIZATION

This form must be signed by ALL account holders.

I/We give permission for funds to be transferred between these accounts by:

1. Telephone transfer with proper identification
2. Teller24 transaction
3. Internet transaction via Personal Credit Union (PCU)

Account restrictions apply, please see the Share Rate and Fee Schedule and the Account Agreement for these restrictions. This authorization will continue until revoked in writing by any authorizing account holder.

Account # _____

Primary _____

Joint _____

Account # _____

Primary _____

Joint _____

Account # _____

Primary _____

Joint _____

Account # _____

Primary _____

Joint _____

Account # _____

Primary _____

Joint _____

Account # _____

Primary _____

Joint _____

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

For Overdraft Protection Authorization please check this box and submit the Overdraft Protection Authorization form.

For Credit Union Use

Accepted # _____ ID in person # _____ Other _____ # _____ Entered # _____ Scanned # _____



CEDAR POINT FEDERAL CREDIT UNION

OVERDRAFT PROTECTION AUTHORIZATION FOR SHARE DRAFT ACCOUNTS ONLY

This form must be signed by ALL account holders and a Related Accounts Authorization form must be on file.

I/We give permission for funds to be transferred TO this account automatically in an overdraft situation. Overdraft situations include but are not limited to:

1. Share draft overdraft
2. EFT/ACH overdraft
3. Visa Check Card overdraft
4. ATM overdraft
5. Overdraft Fees

Account # _____ Suffix _____ Primary _____
 Joint _____

Transfer FROM these related account(s)* in the following order:

*Prime Share (suffix 0 & 1), Sub Share (suffix 10-19) and Share Draft (suffix 8, 9, 28 & 38) ONLY

1. Account # _____ Suffix _____ Primary _____
 Joint _____

2. Account # _____ Suffix _____ Primary _____
 Joint _____

3. Account # _____ Suffix _____ Primary _____
 Joint _____

4. Account # _____ Suffix _____ Primary _____
 Joint _____

I understand that I may not receive notification that a transfer has occurred until I receive my monthly statement. Account restrictions apply, please see the Share Rate and Fee Schedule and the Account Agreement for these restrictions. This authorization will continue until revoked in writing by any authorizing account holder.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

For Credit Union Use

Accepted # _____ ID in person # _____ Other # _____ Entered # _____ Scanned # _____