



Inter-Member Funds Transfer Authorization

I, _____, authorize the transfer of funds:

From (Debit Account):

To (Credit Account):

Account Number: _____

Account Number: _____

Account Number: _____

Account Number: _____

Account Number: _____

Account Number: _____

Account Number: _____

Account Number: _____

Account Number: _____

Account Number: _____

I acknowledge that I am a signatory on the debit account and will be using Michigan Schools and Government Credit Union's Online Banking and/or Member Connect telephone service to transfer funds from time to time.

By signing this document, I am authorizing Michigan Schools and Government Credit Union to allow me to perform these transactions on the automated banking systems.

I further agree that I will hold Michigan Schools and Government Credit Union harmless in the event of unauthorized use of the inter-member transfer.

Member Signature

Date

Credit Union Employee

Upon signed receipt of this form, Michigan Schools and Government Credit Union will activate this Inter-member transfer.



Insured by NCUA