Member to Member Transfer Authorization

Account #: _____ Date: _____

Member Name: _____

The feature will provide the member Access 24 Telephone Banking to the following membership accounts. Both members must be enrolled in Access 24 to use this feature.

You do not have to be a Joint Owner on the NIHFCU account to which you are depositing funds.

Transfers from share savings accounts are subject to Federal Regulation D, which limits the number of transfers from a share savings account during one calendar month to six (6). The transfers may be a combination of: Automatic overdraft transfers, Access 24 Telephone Banking Transfers and/or CU@Home Online Banking transfers.

Cross Account #:	**Member Name:**
_____	_____
_____	_____
_____	_____
_____	_____

Access Type: ☑ Deposit to Account only

_____ _____

Member Signature Date:

ID Type: NIH ID

ID Number: _____

Expiration Date: _____

_____ _____ _____

NIHFCU Employee Signature Date NIHFCU Employee Print Name

To submit, please fax or mail completed and signed form along with any requested support documentation to:
NIHFCU Attention: Operations Department
Fax: **301-770-5372**
Mail: **P.O. Box 6475 Rockville, MD 20849-6475**
Or, you may drop this form off at any NIHFCU branch location