



.Related Account Authorization

Complete, print and mail this form to:
101 S. Barranca Avenue, P.O. Box 3012, Covina, CA 91722-9012

255 N. Lone Hill Ave. San Dimas, CA 91773

800.347.CCCU • F:626.915.1370 • info@myCCCU.com • myCCCU.com

Member Information

Member Name		Account Number
Street Address (Include unit number. No P.O. Boxes please.)		
City	State	Zip Code
Home Phone	Work Phone	

Account Designation

Please list all account numbers you wish to have CALL-24/Online Banking access to in the spaces provided below:

Account Number to Transfer From	Transfer To
Account Number to Transfer From	Transfer To
Account Number to Transfer From	Transfer To
Account Number to Transfer From	Transfer To

Authorization

All account holders for each account(s) listed above must sign below. Your signature authorizes Christian Community Credit Union to give you access through CALL 24/Online Banking to transfer to a related account and obtain a balance on a related account. If at any time you wish to cancel this request, we must receive it in writing.

Account holder authorization to withdraw funds:

_____ Date _____
Member Signature

_____ Date _____
Joint Owner Signature

_____ Date _____
Joint Owner Signature

Account holder authorization to receive funds:

_____ Date _____
Member Signature

_____ Date _____
Joint Owner Signature

_____ Date _____
Joint Owner Signature

For Credit Union Use Only