Christian Community
CREDIT UNION

.Related Account Authorization
Complete, print and mail this form to:
255 N. Lone Hill Avenue, P.O. Box 9001, San Dimas, CA 91773-9001

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 listed above must sign below. If at any time you wish to cancel this request, we must receive it in writing.

Account holder authorization to withdraw funds:

X_____ _____
Member Signature   Date

X_____ _____
Joint Owner Signature   Date

X_____ _____
Joint Owner Signature   Date

Account holder authorization to receive funds:

X_____ _____
Member Signature   Date

X_____ _____
Joint Owner Signature   Date

X_____ _____
Joint Owner Signature   Date

For Credit Union Use Only

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