



Cross Account Transfer Authorization

Date:

Name Printed:

Primary Cross Transfer Account Number:

I want Cross Account Transfer access from my Home Banking to the account numbers listed below:

Account #

Account #

Account #

Main Office
1444 E. Sunshine
Springfield, MO 65804
P 417-820-2931
F 417-820-8011

Hospital Branch
1235 E. Cherokee
Springfield, MO 65804
P 417-820-2932
F 417-820-7782

Maryville Office
625 Maryville Centre Dr.
St. Louis, MO 63141
P 314-364-4040
F 314-364-4444

Joplin Office
100 Mercy Way
Joplin, MO 64804
P 417-556-6639
F 417-556-6611

Oklahoma City Office
4200 W. Memorial Rd. Ste. LL12
Oklahoma City, OK 73120
P 405-752-3632
F 405-752-3236

I authorize Mercy Credit Union to set up Cross Account Transfer for the accounts listed above. I understand all account owners will be able to transact on the From Account listed above. Mercy Credit Union will not be liable if a transfer is made by an account owner that may not be listed on both accounts, or liable for transfers made as the result of future account ownership changes.

The Cross Account Transfer will remain in effect until I sign this agreement cancelling the service.

I certify I am listed on all the accounts I am requesting for Cross Transfer.

www.mymercycu.com

Signature

Phone Number

Date

Cancel Request
