

**WILLIS CREDIT UNION  
HOME BANKING SERVICE  
CROSS-ACCOUNT TRANSFER AUTHORIZATION FORM**

Willis Credit Union  
Attention: Financial Services Department  
26 Century Boulevard, Suite 3  
Nashville, Tennessee 37214

I wish **to have the ability** to transfer funds from my account to another account(s) at Willis Credit Union through the Credit Union's Home Banking System.

I hereby accept the responsibility for all funds transferred from my account to any other account authorized on this form.

**NOTE: For cross-reference purposes, your account number will appear on the transaction within the statement period of the account in which you are transferring funds to.**

**Transfer From Account Information:**

\_\_\_\_\_  
Print Member Name (Primary Member Only)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Signature of Primary Member and Date

**Transfer To Account Information:**

\_\_\_\_\_  
Print Member Name (Primary Member Only)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Social Security Number / Signature of Primary Member and Date

**Transfer To Account Information:**

\_\_\_\_\_  
Print Member Name (Primary Member Only)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Social Security Number / Signature of Primary Member and Date

**Transfer To Account Information:**

\_\_\_\_\_  
Print Member Name (Primary Member Only)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Social Security Number / Signature of Primary Member and Date

**For Credit Union Use Only**

Teller Initials: \_\_\_\_\_

Date UJNTs Completed: \_\_\_\_\_