



Cross Account Application

Complete this application if you wish to have the ability to transfer funds from account (A) to account (B). After completing this application, sign it, and bring it by one of our convenient service locations, or you may mail it to:

Virginia Educators Credit Union
12626 Nettles Drive
Newport News, VA 23606

Note: Signatures must be notarized unless signed in the presence of a VECU employee.

Account Number (A): _____ SSN: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Account Number (B): _____ SSN: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

I understand that this request will allow VECU Moneylink and EARS access from account (A) to account (B) as indicated above. This is a mutually binding relationship among all account owners of both accounts. It remains in full force until one of the accounts is closed or until this agreement is cancelled by any one of the account holders. With my signature below, I authorize access to my account and accept any risk associated with this agreement.

(A) Account Owner's Signature

(B) Account Owner's Signature

Notary

VECU Representative

*This authorization allows transfers from account (A) to account (B) only. It does not allow transfers from account (B) to account (A) or full account access from VECU Moneylink or EARS for account (B). Separate forms are required for each additional account.