



Cross Member Transfer Authorization

By signing below, I (we) agree to use DASI for the transfer of funds from my (our) accounts(s).

Transferor/member #1: _____ Account Number(s): _____

Transferor/member #2: _____ Account Number(s): _____

Please select one of the following options:

We would like to transfer funds from Member #1 to Member #2 on the accounts indicated above only (only member #1 must sign).

We would like to transfer funds from member #2 to member #1 on the accounts indicated above only (only Member #2 must sign).

We would like to transfer funds between Member #1 and Member #2 with no limitations on the accounts indicated above (both members must sign).

Member #1 Signature _____

Member #2 Signature _____

Office Use Only: Teller # _____ Today's Date: _____