



X-TEL Cross-Member Transfer Authorization Form

To complete this form:

1. Fill in the information requested.
2. Print, sign and date the form.
3. Return the form to Hanscom FCU: by fax at 978-952-8535; by mail at 25 Porter Road, Suite 100 Littleton, MA, 01460-1434; or in person at any branch.

Member Name (please print) _____

Member Number _____

I would like to be able to transfer funds from the member account listed above to the member account(s) listed below.

Member # _____ Acct/Loan # _____

Name _____

Member # _____ Acct/Loan # _____

Name _____

Member # _____ Acct/Loan # _____

Name _____

I agree not to disclose my Access Code (X-TEL PIN) or make it available to anyone not authorized to sign on my account. Hanscom FCU may terminate this agreement and my use of X-TEL if:

- I, or any authorized user of my Access Code, breach this or any other agreement I have with Hanscom FCU
- Hanscom FCU has reason to believe that there has been an unauthorized use of my Access Code
- I notify Hanscom FCU to discontinue the X-TEL service.

I understand that all the terms and conditions associated with my share accounts, share draft accounts, certificate accounts, and loan accounts that are affected or accessed by X-TEL are incorporated by reference. Hanscom FCU reserves the right to change the terms and conditions of this agreement and I will be notified of such changes.

Member Signature _____ Date _____

For Office Use Only

Employee Initials _____ Supervisor Initials _____

New Renewed Stop