

# MAP / CAT

## Transfer Authorization Form

I hereby authorize APCO Employees Credit Union (APCO) to take all steps necessary so I may transfer funds in my APCO account listed below to the APCO account(s) of others listed below either through the online MAP Computer System or by telephone through the CAT Audio System. I agree that all terms of my MAP and/or CAT agreement and disclosure remain in full force and effect and govern all transfers, except as amended herein. I agree transfers cannot be reversed and transferred funds become the property of any owner of that account.

\_\_\_\_\_  
Member's Name (Please Print)

\_\_\_\_\_  
Credit Union Account Number (7 digits)

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

Listed below are the account(s) I request to be able to transfer funds into. I agree I am totally responsible for the correctness of the name(s) and account number(s).

\_\_\_\_\_  
Account Owner's Name

\_\_\_\_\_  
Credit Union Account Number

\_\_\_\_\_  
Account Owner's Name

\_\_\_\_\_  
Credit Union Account Number

\_\_\_\_\_  
Account Owner's Name

\_\_\_\_\_  
Credit Union Account Number

\_\_\_\_\_  
Account Owner's Name

\_\_\_\_\_  
Credit Union Account Number

\_\_\_\_\_  
Account Owner's Name

\_\_\_\_\_  
Credit Union Account Number

\_\_\_\_\_  
Account Owner's Name

\_\_\_\_\_  
Credit Union Account Number