

iBranch Cross Account Transfer Authorization

Name (First, MI, Last):

Account #:

(Primary Account Owner)

I hereby authorize the U of I Community Credit Union to allow transfer capabilities, through the iBranch Home Banking System, from the products under my credit union account listed above, to the following accounts:

Account Number	Name of Acc. Owner	Account Type (Savings, Checking, Loan)	Sub number	Description (Optional)

This authorization is to remain in full force and effect until UICCU has received written notification from me of its termination, in such time and in such manner as to afford UICCU a reasonable opportunity to act on it. I understand that all applicable account and access disclosures and transfer limitations apply.

Signature **X**

Date

(Primary account owner under account listed above)

Transfer Rules Regarding Savings & Illini Draft Accounts

Regulation D limits members to 6 transfers and withdrawals per calendar month from **any share savings account (including Illini Draft)** to any other account or to a third party. **Transactions made within iBranch count toward these limits.**

Please note that certain transaction types are limited to no more than 3 of the 6 transfers/withdrawals per month from your savings account. This includes drafts written to a third party and applies to transactions executed with an ATM/Debit card paid to a third party.

Mail to:

U of I Community Credit Union
ATTN: eMember Services
2201 S First St.
Champaign, IL 61820
Or Fax: 217-244-5789