

TOUCH-24/CONNECT-24

Third Party Transfer Authorization Form

Print Application, Sign and Mail to CAP COM FCU

In addition to performing Touch-24 (audio response) and/or Connect-24 (Internet Banking) transfers within my/our CAP COM Account, number _____, I/we _____ would like to be authorized to perform Touch-24 and Connect-24 transfers from my/our account into the following CAP COM Account(s):

Account Number

Member's Name(s)

Account Number

Member's Name(s)

Account Number

Member's Name(s)

I/We understand that I/we will only be authorized to transfer funds into the above named account(s) and will not have access to any confidential information regarding the account(s); nor am I/are we permitted to perform any other type of transaction on or transfer within the account(s). I/We understand it is my/our responsibility to notify the above Account holder(s) of the transfer to their Account.

Date

Signature of Primary Owner

Signature of Primary Owner