



PO Box 58429; Raleigh, NC 27658-8429

AMIE/COLTS One-Way Account Transfer Authorization (active AMIE/COLTS Record required)

Member Name _____ Account # _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ Day Phone _____

In addition to all of the accounts associated with the Member Account Number indicated above, I hereby direct Coastal Federal Credit Union (CFCU) to allow one-way transfer access to all of the following CFCU accounts (checking, savings, Visa or loan):

Account Name	Account Number	Type	Sub
_____	_____	Ck Sav Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	Ck Sav Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	Ck Sav Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	Ck Sav Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	Ck Sav Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	Ck Sav Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	Ck Sav Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	Ck Sav Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	Ck Sav Loan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

I understand access to these accounts is limited to sending fund transfers only. Account balance or transaction information and withdrawal authority is not available as a result of this application. Access will be denied if AMIE/COLTS record is not active at time of request.

Signature (Primary)

Date