Interra Online
Multi-Account Access Authorization

To enhance convenience for members, Interra Credit Union offers multi-account access. Multi-account access allows authorized members to access other member account numbers through the username affiliated with the primary member number. For example, members may view, make deposits/transfers to, and/or make withdrawals/transfers from specified accounts. Please indicate below the access preferences you would like to enable.

The undersigned authorize Interra to establish the following:

	Primary Member Number	Check all that apply			Other Member Number	Unrestricted Access (Check all that apply)		Restricted Access (To sub-shares listed below)	
		View	Deposit to	Withdraw from		Allow all sub-shares	Allow two-way access	Share ID(s)	Loan ID(s)
1		☐	☐	☐		☐	☐		
2		☐	☐	☐		☐	☐		
3		☐	☐	☐		☐	☐		
4		☐	☐	☐		☐	☐		
5		☐	☐	☐		☐	☐		
6		☐	☐	☐		☐	☐		

By signing below, the undersigned certifies to be an authorized user on each of the designated accounts and understands that this Authorization specifically allows any joint owner or other authorized user(s) on the designated accounts (who have access to Interra Online, the username, password and multifactor authentication security data) to conduct the transactions specified above through Interra Online banking. By submitting this Authorization, the undersigned agrees to comply with all the terms, conditions and regulations previously disclosed and associated with Interra Online banking.

_____ _____ _____
Accountholder name (signature) Accountholder name (print) Date

Corresponding member #(s) _____ _____ _____ _____

_____ _____ _____
Accountholder name (signature) Accountholder name (print) Date

Corresponding member #(s) _____ _____ _____ _____

_____ _____ _____
Accountholder name (signature) Accountholder name (print) Date

Corresponding member #(s) _____ _____ _____ _____

Mail, fax or deliver the completed Authorization to the credit union: PO Box 727 Goshen, IN 46527-0727
574.534.2506 • Fax 574.975.3221

Request to Cancel Multi-Account Access Authorization

This Authorization may be cancelled upon written notice to the Credit Union from any of the accountholders signed above. The cancellation shall become effective within three (3) business days after the written notice is received by the Credit Union. The undersigned hereby cancels the above Authorization.

Please cancel the following authorizations: ☐ All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Accountholder signature: _____ **Date:** _____

FOR CREDIT UNION USE ONLY

Form received by: _____ Date: _____ FM performed by: _____ Date: _____

Cancellation received by: _____ Date: _____ FM performed by: _____ Date: _____