



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:

Member Number (A)	Member Number (B)	(A) may have access to (B) (Check all that apply)			Other Access Options (Check all that apply)		Access to Remain Restricted	
		View	Deposit to	Withdraw from	Allow all sub-accounts	Also allow (B) to access (A)	Account ID(s) (numbers)	Loan ID(s) (numbers)
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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.

Account holder name (signature)	Account holder name (print)	Date
Authorizing member #(s) _____		
Account holder name (signature)	Account holder name (print)	Date
Authorizing member #(s) _____		
Account holder name (signature)	Account holder name (print)	Date
Authorizing 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: _____