

LINKED ACCOUNT REQUEST FORM

By requesting that the following Reliant accounts be linked, **all identified account owners** agree that the owner(s) of Account A (as listed below) has/have the ability to transfer to Account B (as listed below) **through online banking.**

By completing this form, I/we understand that the owner of Account A will be able to transfer funds to Account B directly through online banking, without entering the User ID and password for Account B.

To protect the privacy of your accounts, no account owner can conduct any other type of financial transaction on an account for which he/she does not know the User ID and password.

Instructions:

- Fill out the account information below.** (Please complete a second form if you also wish to be able to transfer from Account B to Account A.)
- Obtain the signatures of all account owners** on the form(s).
- Provide **copies of valid identification** for ALL account owners. *If you have a valid ID on file with Reliant already, you may not have to provide an additional copy. Call 800-724-9282 during normal business hours to find out if you already have ID on file.*
- Submit the completed Linked Account Request Form(s)** and valid identification for all account owners.
Mail to: Reliant Community Credit Union, PO Box 40, Sodus, NY 14551;
Or drop off at any of our 9 branches. (Visit reliantcu.com for a complete list of branches & hours.)
- In 1-2 business days, the owner(s) of Account A will be able to choose to transfer to Account B in online and telephone banking—no further action is required from either account owner!
- If at any time you wish to cancel the ability to transfer funds to a linked account, contact us by phone, email, or in person.

Account A: Account Number _____

Name(s) on Account (please print)	Signature(s) of Corresponding Account Owner(s)	Date
1. _____	1. _____	_____
2. _____	2. _____	_____
3. _____	3. _____	_____

Account B: Account Number _____

Name(s) on Account (please print)	Signature(s) of Corresponding Account Owner(s)	Date
1. _____	1. _____	_____
2. _____	2. _____	_____
3. _____	3. _____	_____

Examples to help you better understand how to fill out the Linked Account Request Form.

Example 1:

Mary and John Doe wish to be able to transfer funds from their Reliant account to their child's Reliant account. By completing one form, Mary and John will be able to transfer funds to their child's account.

Example 2:

Jane and Bob Smith both have Reliant accounts, and each wishes to be able to transfer funds to the other's account. Jane and Bob will each need to complete and submit a Linked Account Request Form with himself/herself listed as Account A, and his/her spouse as Account B. By completing two forms, Jane will be able to transfer funds to Bob's account; Bob will be able to transfer funds to Jane's account.



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Office use only (Association Accounts do not qualify)

Staff Name: _____
 Member Services, Cross Tab Identification/Driver's License attached or scanned

Supervisor/Manager Approval

Verified CA under member status Verified correct account numbers
 Verified correct member names _____ Supervisor/Manager sign off (initial)