



**HOLD HARMLESS AGREEMENT FOR ONLINE BANKING
AND CALL 24 –CROSS ACCOUNT SET UP**

Florida West Coast Credit Union Call 24 (telephone response system) and Online 24 (internet banking system) allows transfers to and from accounts at the Credit Union, withdrawals from these accounts in the form of checks and transfers, and inquiries on balances for these accounts residing within the Credit Union. The benefit to this is members can see an entire picture of the types of accounts/loans, the account/ loan balances, payment due dates, history on multiple accounts and perform transactions to and from multiple accounts within the Credit Union. Per your request to access multiple accounts and have the capability to transfer to and from, withdraw to and from and initiate inquiries on balances on these accounts the following conditions and requirements must be in place:

- Access to multiple accounts must be granted and set up by credit union personnel.
- **All owners on all accounts whether identical or not must agree to the types of access granted*. All owners of these accounts agree to hold Florida West Coast Credit Union harmless of any activity on these accounts performed through online banking or the telephone response system.**
- This form must be completed at time of request and must be signed and notarized by all owners on all accounts that access is being requested.

*PLEASE INDICATE BELOW THE TYPE OF ACCESS YOU WISH TO SET UP ON THE ACCOUNTS LISTED BELOW: (all owners of the account listed must initial next to the access requested)

_____ Allow inquiry access only. Inquiry access will allow these accounts to display within your account structure and will allow all account holders to view the type of account, the balances on the account, the payment due dates and the history on the account. Please list account numbers that you wish inquiries only to:

_____ Allow members to make transfer deposits to all accounts. This will allow these accounts to which you are making transfers to display within your account structure, you will be able to see account balances, due dates and history. Please list account numbers that you wish make transfer deposits to:

_____ Allow members to make withdrawals from these accounts. This will allow these accounts to which you are making withdrawals from to display within your account structure, you will be able to see account balances, due dates and history. Please list Please list account numbers that you wish to make withdrawals from.

_____ Allow all access to include withdrawals, inquiries and transfers from and to all accounts. This option gives you full account access to all the accounts listed below. Access will include the ability to view all balances, due dates, history, withdraw from and transfer to and from all the accounts listed below. Please list account numbers that you want this access to and from:

By signing below I agree to hold harmless and indemnify Florida West Coast Credit Union of any liability and unauthorized use of or access to any transfers of funds, inquiries, withdrawals made between or within the accounts listed above. I am aware that all account suffixes and loan information to include account history and account balances listed on each account will be accessible to all parties signing this form and that any party listed on this form depending on the access that I have granted may make withdrawals, transfers from and to and inquiries on all the accounts listed above.

AUTHORIZATION FOR THE ACCESS THAT I AM REQUESTING MUST BE SIGNED AND NOTARIZED BELOW BY ALL OWNERS OF THE ACCOUNTS THAT ACCESS IS BEING REQUESTED. FLORIDA WEST COAST CREDIT UNION RESERVES THE RIGHT TO DENY ACCESS.

*******TO REVOKE ACCOUNT ACCESS IN ANY WAY, FLORIDA WEST COAST CREDIT UNION MUST BE NOTIFIED IN WRITING BY ANY ONE OWNER OF THE ACCOUNTS LISTED ABOVE. IF ACCESS IS BEING REVOKED, MULTIFACTOR AUTHENTICATION AND PIN NUMBERS WILL BE RESET BY FLORIDA WEST COAST CREDIT UNION.**

MEMBER _____	ACCOUNT # _____	DATE _____
MEMBER _____	ACCOUNT # _____	DATE _____
MEMBER _____	ACCOUNT # _____	DATE _____
MEMBER _____	ACCOUNT # _____	DATE _____

Sworn to and subscribed before me this ___ day of _____, 20__ by _____ who are personally known to me or who have produced _____ as identification.

Notary Public
State of Florida at Large

My Commission Expires: _____

