eBranch Accounts “Alternate Account View” Authorization

One login to view multiple accounts online

Fax to Southland Credit Union at: (866) 526-5854

I hereby request the ability to link the following accounts via Alternate Account View to allow transactions between the linked accounts and to view all linked accounts with one login to my primary account as listed below.

I understand that my name must be on all alternate accounts in order to link them, and certify that I am either primary owner, joint owner, custodian, trustee or authorized signer on the alternate accounts listed below.

Primary Account #: ___________________________ (I wish to use this account as my primary login)

Member’s Name (please print): ________________________________________________________________

Member’s Signature: _______________________________________________________________________

Alternate Account #: ___________________________  Alternate Account #: ___________________________

Primary Account Holder Name: ___________________________  Primary Account Holder Name: ___________________________

(if different than primary above)  (if different than primary above)

Signature: _______________________________________________________________________________

Alternate Account #: ___________________________  Alternate Account #: ___________________________

Primary Account Holder Name: ___________________________  Primary Account Holder Name: ___________________________

(if different than primary above)  (if different than primary above)

Signature: _______________________________________________________________________________

*If necessary, please use additional form(s) for more Alternate Accounts

Terminate Alternate Accounts Authorization

I hereby request to TERMINATE the link between the accounts listed below and understand that I will no longer be able to transfer funds between these accounts or view them with on login to my primary account.

Primary Account #: ___________________________

Alternate Account #: ___________________________  Alternate Account #: ___________________________

Member’s Name (please print): ________________________________________________________________

Member’s Signature: _______________________________________________________________________

Date: __________________

For Credit Union Use Only

Ownership Verified and Access Processed By: ___________________________ Date: ________________

Ownership Verified and Access Terminated By: ___________________________ Date: ________________