

# STATLINE Account Cross Reference Form

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Member Name:

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Primary Account Number:

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X-Reference Account Name:

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X-Reference Account Number:

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X-Reference Account Name:

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X-Reference Account Number:

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X-Reference Account Name:

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X-Reference Account Number:

By signing below, I/we authorize Health Care Family Credit Union to establish a cross account reference between the accounts listed above. In doing so, the account owners involved acknowledge their responsibility to maintain the accounts in strict confidence and to access the accounts under the terms which we, the account owners, have agreed. It is further acknowledged that HCFCU shall not be responsible for transactions conducted through the automated access systems.

**All Account Owners Involved Must Sign Below.**

Signers

Date Signed

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