



TOBY 24 – Cross Account Transfer Authorization Form

Please connect the following two accounts to allow telephone transfers through the TOBY 24 system. (Please Print)

Name _____

Address _____

Home Phone _____

Work Phone _____

Primary Account # _____
(Transfer From)

Secondary Account # _____
(Transfer to)

Member Signature _____
(Must be an owner on both accounts)

Date _____

NOTE: By connecting the two accounts, transfers may **only** be performed from the **primary account to the secondary account**. Transfers from the secondary to the primary will not be allowed.