

e M.A.G.I.C Application
Money Access and General Information Center
e M.A.G.I.C PIN Number

Member Name _____

Member # _____

Address _____

City _____ State/Zip _____

Daytime Phone # _____

Cell # _____

I have read County Educators FCU Electronic Fund Transfers Disclosure.

Member Signature Date

Cross Member Transfer Authorization

Cross Member Information: I/WE am also requesting to be able to access the following
membership(s):

Member # 1 _____

Member # 2 _____

I have read County Educators FCU Electronic Fund Transfers Disclosure. ALL Primary
account holders must sign below.

Primary Member Signature #1 Date

Primary Member Signature #2 Date