



Web24 Member to Member Deposit Authorization

New: _____ Delete: _____

I, _____ give 360 Federal Credit Union permission to grant online
deposit access to my account _____ to the member(s) listed below. To remove this right
this form will have to be resubmitted.

Signature: _____ Date: _____

Depositor(s):

Name: _____ Account Number: _____

Name: _____ Account Number: _____

Name: _____ Account Number: _____

** I understand members given deposit access to my account will see all suffixes, account types and the last four digits of each account number; no balances or transactional information is available to depositors. **

Internal use:

Processed by: _____ Date: _____

Complete this form and return to the Electronic Services Dept; by fax at 860-627-4276; by mail to 360FCU, ATTN ES Dept, 191 Ella Grasso Tpke, Windsor Locks, CT 06096 OR bring it into one of our branches. Do NOT email this form.