



P.O Box 660130, Arcadia, CA 91066-0130 626-445-0950 • www.foothillcu.org

ACH Origination Authorization for Automatic Deposit/Withdrawal

Please allow two days for processing

Member name:	Last	First	Middle	Social Security Number
- -				
Check one:				
<input type="checkbox"/> Deposit - transfer funds from another financial institution to my FFCU account.				
<input type="checkbox"/> Withdrawal - transfer funds from my FFCU account to my account at another financial institution.				
This authorization is (check one)		FFCU Account Number		Type/ID
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel				
Day of the month for transfer to occur (1 st , 5 th , etc.)		Amount of Transfer		Member Phone #
		\$		
Effective Date or Start Date		Frequency		

Name of other financial institution			Routing or ABA number	
Street Address		City	State	Zip Code
Other FI phone number	Account number at other FI		Account type (check one):	
			<input type="checkbox"/> Savings <input type="checkbox"/> Checking (attach voided check)	

Copy of voided check was obtained.

I hereby authorize Foothill Federal Credit Union to transfer funds, as listed above, between my account at FFCU and my account at another financial institution, and if necessary to make adjustments for any errors. FFCU will be responsible for the transfer of funds in accordance with this authorization. Once the transfer is made to another financial institution, FFCU will have no further responsibility or liability for the deposit of such funds. I acknowledge that the origination of ACH transactions to/from my account must comply with the provisions of U.S. law.

This authorization will remain in effect until FFCU has received written notification from me to change or cancel this authorization in such time and manner as to afford FFCU a reasonable opportunity to act on it. I understand FFCU reserves the right to cancel this agreement if funds are not available in my account for three consecutive months, with written notification to me. My signature below acknowledges that I have received a disclosure and agreement regarding the terms and conditions governing Credit Union electronic services.

Member Signature

Date