

ACH Origination Authorization for Automatic Deposit/Withdrawal Please allow two days for processing

Member name: Last	First	Middle	Social Security Number
Check one:			
	ansfer funds from another f	inancial institution to m	y FFCU account.
Withdrawal	 transfer funds from my F institution. 	FCU account to my acc	count at another financial
This authorization is (check one		Account Number	Type/ID
New Change	Cancel		
Day of the month for transfer t (1 st , 5 th , etc.)	-	unt of Transfer	Member Phone #
Effective Date or Start Date	Fr	equency	
Name of other financial institution			Routing or ABA number
Street Address	Cit	y State	e Zip Code
Other FI phone number	Account number at	other FI	Account type (check one): Savings Checking (attach voided check)
my account at another financia responsible for the transfer of t	ral Credit Union to transfer I institution, and if neces funds in accordance with ave no further responsibili	sary to make adjustm this authorization. Or ty or liability for the de	, between my account at FFCU and ents for any errors. FFCU will be use the transfer is made to another posit of such funds. I acknowledge provisions of U.S. law.
authorization in such time and reserves the right to cancel this	nanner as to afford FFCU agreement if funds are not signature below acknowl	a reasonable opportur available in my accour edges that I have red	on from me to change or cancel this nity to act on it. I understand FFCU nt for three consecutive months, with seived a disclosure and agreement
Member Signature			Date