AUTHORIZATION AGREEMENT TO DEBIT OTHER FINANCIAL INSTITUTION

Reset Form

☐ New Transfer ☐ Cancel Transfer ☐ Change

MBACO

WITHDRAW FUNDS FROM:

Financial Institution Name: _____

Branch _____ City _____ State____ Zip_____

Routing (ABA) Number (must be 9 digits) ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Name: _____

Account Number: _____

Debit my (our): (select one) ☐ Savings Account ☐ Checking Account

TRANSFER INFORMATION:

Transfer amount $_____
(Limit of $2,500.00)

☐ Weekly Effective Date ___ / ___ /___
mm dd yy

☐ Biweekly Effective Date ___ /___ /___
mm dd yy

☐ Monthly Date(s) _____
Starting in _____
(month)

Stop date (if applicable) _____

ONE TIME TRANSFER ONLY

☐ $8.00 FEE WITH TRANSFER AMOUNT

☐ $8.00 FEE FROM AFCU ACCOUNT:

ACCT # _____ SUFFIX __

NOTE: When date selected falls on a weekend or holiday, the transfer will be made on the next business day.

DEPOSIT FUNDS TO:

Financial Institution: **AMERICA FIRST CREDIT UNION**

Routing (ABA) Number (must be 9 digits) 3 2 4 3 7 7 5 1 6

AFCU Account Name: _____

AFCU ACCOUNT NUMBER: _____

Credit my (our): (select one)

☐ Savings Account ☐ Money Market Savings ☐ Checking Account ☐ *Loan # ___

*Please notify us when loan is paid off or if extending loan payment date. Transfer will not stop automatically.

CHANGE TO CURRENT TRANSFER

Increase current transfer amount from $_____ to $ _____.

Decrease current transfer amount from $_____ to $ _____.

Change transfer date from _____ to _____.

Comments _____.

(If you need to change information on the financial institution, please cancel current transfer and complete a new form.)

I (we) hereby authorize America First Credit Union to initiate debit entries to my(our) account indicated above at the financial institution named above.
I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.
This authorization is to remain in full force and effect until America First Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford America First Credit Union and the other financial institution a reasonable opportunity to act on it.

Date_____ **Signature(s)**_____

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