



AUTHORIZATION AGREEMENT TO DEBIT OTHER FINANCIAL INSTITUTION



ASACO

☐ New Transfer ☐ Cancel Transfer ☐ Change Transfer

REFER TO FORM #191 FOR ONE TIME TRANSFER

WITHDRAW FUNDS FROM:

Financial Institution: _____

Routing (ABA) Number (9 digits): _____

Account Holder: _____ Account Number _____

Debit the: ☐ Savings Account ☐ Checking Account

TRANSFER INFORMATION:

Transfer Amount: \$ _____ *Manager approval required for requests \$2,500 - \$5,000 per transaction per week. Not to exceed aggregate of \$10,000 per month. VP approval is needed for anything above those guidelines.*

Manager/VP Name Manager/VP Signature

☐ Weekly Effective Date: _____

☐ Bi-Weekly Effective Date: _____

☐ Monthly Date(s): _____ Starting in _____

Stop Date (if applicable): _____

NOTE: WHEN THE 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 (9 digits): 3 2 4 3 7 7 5 1 6

AFCU Account Holder: _____

Electronic Payment (ACH) Number: 7 4 6 _____

Credit the: ☐ Savings Account ☐ Checking Account ☐ Loan Number

CHANGE TO CURRENT TRANSFER:

☐ Increase ☐ Decrease Current transfer amount from \$ _____ to \$ _____

Change transfer date from _____ to _____

Comments: _____

NOTE: IF YOU NEED TO CHANGE THE INFORMATION ON THE FINANCIAL INSTITUTION, PLEASE CANCEL THE CURRENT TRANSFER AND COMPLETE A NEW FORM

I (we) AFCU Members hereby authorize America First Credit Union to initiate debit entries to my (our) account indicated above at the financial institution named above. I (we) AFCU Members acknowledge that the origination of ACH transactions to my (our) account must comply with provision 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.

Signature / DocuSign ID for Physical Signature Date

(Type, Issuer, Expiration)

Branch Number _____ / Seat Number _____ Teller Number _____ / Agent Initials _____

Member Contact Number _____