

ACH AUTHORIZATION AGREEMENT FORM

2625 Corporate Place, Monterey Park, CA 91754-7645
 Mailing Address: P.O. Box 30831, Los Angeles, CA 90030-0831
 323-268-1226, 800-222-1226, Fax: 323-269-6607, www.fafcu.org



**F&A Federal
 Credit Union**
 For Them it's Business.
 For Us it's Personal.

Member Name and Address:	Daytime Phone Number:	Member Number:
	Email:	Date:

Start **Change** **Cancel**

Send funds from F&A FCU to another financial institution.

Remove the funds from my **Savings Account S_____** **Checking Account S_____**

Obtain funds from my account at another financial institution for credit at F&A FCU.

Post the funds to my **Savings Account S_____** **Checking Account S_____** **Loan Type L_____**

I hereby authorize F&A Federal Credit Union to initiate the following electronic transaction from/to my account. I cannot authorize you to take funds from an account on which I am not an owner. I understand that I can only send funds to an account where the funds are directly deposited to a specific account. (Mortgage payments, credit card payments, etc., that require further designation cannot be done at this time.) I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that I have the right to stop a single automatic payment or cancel the ACH agreement by notifying you in writing three days prior to the time the scheduled transaction is to take place. I also authorize adjustment entries in the event of erroneous transactions on my account.

For savings, checking, and an active credit line payment, this authorization is to remain in full force and effect until F&A Federal Credit Union has received written termination notification from me with a reasonable opportunity for the credit union to act on it.

For a loan payment, excluding an active credit line payment, this authorization expires automatically when the loan is paid in full, with any excess funds on the final payment deposited to my S1 (Regular Share) Account.

You must contact the other financial institution to obtain the correct information. Any information not verified or missing may delay the processing of this form.

Name of Other Financial Institution	Address
City, State, Zip	Ph # and Name of Employee you spoke with at other institution:

Nine Digit Routing and Transit Number	Account Title (Name held in)	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Saving
Amount \$	Frequency	Date to start:

Member Signature (required):	Date:
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* When sending funds, if the specified date falls on a non-business day, your account will be debited on the previous business day. Funds may take up to three (3) business days to be received at the other financial institution.

NOTE: WRITTEN CREDIT/DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

For Credit Union use only:

Authorization Loaded By Operator Name/#:	Date:
Verified by Operator:	Date: