

# 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                       Checking

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

Post the funds to my      Savings                       Checking                       Loan

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.

**This authorization is to remain in full force and effect until F&A Federal Credit Union has received written notification from me of its termination and a reasonable opportunity to act on it. This Authorization does not automatically cancel if the loan is paid off.**

(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
Amount \$	Frequency	Date to start:

Member Signature (required):	Date:
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\* When sending funds, if this 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: