



PO Box 30831
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800-222-1226
FAFCU.org

ACH AUTHORIZATION AGREEMENT

Member Name	Account Number
Street Address City, State, Zip Code	
Daytime Phone Number	Email Address

☐ Start ☐ Change ☐ Cancel

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

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 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 Ownership 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	Phone # and Name of Employee at other Institution

Nine Digit Routing and Transit Number	Account Title (Name held in)
Account Number <input type="checkbox"/> Start <input type="checkbox"/> Change	Amount
Frequency	Date to Start:
Member Signature (required):	Date:

* 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 ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

For Credit union use only:

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