❑ New
❑ Change
❑ Cancel

American First Credit Union

Your American First Account Number:

700 N. Harbor Blvd. ♦ La Habra, CA 90631 ♦ 800/ 290-1112

ACH Authorization

Member's Name: Last	First	Middle	Social Security Number:

Type of Transfer (check one):	Account Type (check one):	Type of Transfer (check one):	Account Type (check one):
❑ Transfer funds TO my American First account FROM another financial institution	❑ Checking ❑ Savings ❑ Loan 2-Digit Suffix: _____	❑ Transfer funds FROM my American First account TO another financial institution	❑ Checking ❑ Savings

Member's Daytime Phone Number:	Requested Start Date:	*If the scheduled date falls on a holiday or weekend, the funds will be withdrawn and deposited one business day *prior* to the scheduled date.
( )		

Amount to Transfer:	Frequency of Transfer * (check one of the four options):
$	❑weekly: _____ (day of week) ❑ bi-weekly _____ (day of week) ❑ 1st & 3rd weeks or ❑ 2nd & 4th weeks ❑ semi-monthly: _____ & _____) (days of month ❑ monthly: _____ (day of month)

Name of Other Financial Institution:	Address: City State Zip Code

Other Financial Institution's Routing Number	Account Number:	Account Type (check one):	Phone Number:
		❑ Checking - NOTE: Please include a voided check with this authorization ❑ Savings	( )

I hereby authorize American First Credit Union to transfer funds, as listed above, between my accounts at American First and another financial institution, and if necessary, to make adjustments for any errors. American First will be responsible for the transfer of funds in accordance with this authorization. Once a transfer is made to another financial institution, American First will have no further responsibility or liability for the deposit of such funds. This authorization will remain in effect until American First has received written notification from me to change or cancel this authorization. My signature below acknowledges that I have received a disclosure and agreement regarding the terms and conditions governing American First Credit Union electronic services. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Member's Signature	Date
X	

American First USE ONLY:		
Received: By:	Processed: By:	Written Request Attached ❑ Terminated: By:

CU-4 10/09