

- New - Please allow 10 business days
- Change - Please allow 3 business days
- Cancel - Please allow 3 business days



Your American First Account Number:

6 Pointe Drive Ste 400 ♦ Brea, CA 92821-6322 ♦ 800.290.1112

ACH Authorization (From Outside Institutions)

Member's Name: Last		First		Middle		Social Security Number	
Type of Transfer (check one): <input type="checkbox"/> Transfer funds TO my American First account FROM another financial institution		Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan 2-Digit Suffix: _____		Type of Transfer (check one): <input type="checkbox"/> Transfer funds FROM my American First account TO another financial institution		Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> 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Daytime Phone Number		Requested Start Date:		*If the scheduled date falls on a holiday or weekend, the funds will be withdrawn and deposited one business day prior to the scheduled date.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 four options): <input type="checkbox"/> Weekly: Day of week _____ <input type="checkbox"/> Bi-weekly: Day of week _____ <input type="checkbox"/> 1st & 3rd weeks, OR <input type="checkbox"/> 2nd & 4th weeks <input type="checkbox"/> Semi-monthly: days of month _____ & _____ <input type="checkbox"/> 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): <input type="checkbox"/> Checking - NOTE: Please include a voided check with this authorization <input type="checkbox"/> Savings		Phone Number:	
<small>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.</small>							
Member's Signature X				Date			
American First USE ONLY:						Written Request Attached <input type="checkbox"/>	
Received:	By:	Processed:	By:	Terminated:	By:		

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