

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



Your American First Account Number:
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6 Pointe Drive Ste 400 ♦ Brea, CA 92821 ♦ 800.290.1112

**ACH Money Mover Authorization** (From Outside Institutions)

Name of Borrower:		Social Security Number or EIN:	
Borrower Daytime Phone Number:		Transfer funds to my loan from another Financial Institution for credit to:  Loan Number:	
Amount of Transfer: \$	Transfer will be made monthly on the following day: <i>(please select one)</i> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th	Start Date:	
Name of Other Financial Institution:		Address:	
Other Financial Institution Routing Number	Account Number	Account Type: (Check One) <input type="checkbox"/> Checking * *Please include voided check with this authorization <input type="checkbox"/> Savings	Phone Number:
<p>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. I also authorize American First Credit Union to make the necessary changes to the dollar amount of the transfer in order to satisfy the payment amount on the loan to which the funds will be posted. This authorization will remain in effect until American First has received written notification from me to change or cancel this authorization or the loan is paid in full. 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.</p>			
Borrower Signature X			Date
American First USE ONLY Received: _____ By: _____		Written request attached <input type="checkbox"/> Processed _____ By: _____ Terminated _____ By: _____	

CU-4 12/18

PLEASE ATTACH VOIDED CHECK HERE

Mail to:  
 American First Credit Union  
 6 Pointe Drive Ste 400 Brea,  
 CA 92821-6322

Fax to:  
 American First Credit Union  
 Attn: Commercial Real Estate  
 Servicing Department  
 562.237.5144