



A2A Transfer Authorization Agreement (Initiation of ACH Debits and Credits)

I(We) hereby authorize First Financial Credit Union, hereinafter called FFCU, to allow me to initiate ACH debits and credits between my FFCU account and the Financial Institution account specified below. I understand that I will be able to initiate these transfers through online banking or with a Member Service Representative.

Financial Institution Information (Please attach copy of voided check for verification)

Financial Institution Name: _____

Financial Institution Routing Number: _____ Account Number: _____

Account Holder Name On Above Account* _____

Account Type: ☐ Savings ☐ Checking ☐ Loan ☐ Other: Please Specify _____

A2A Transfer Description (ie. Mary's Chase Checking) _____
(For FFCU member identification only)

FFCU Member Information

This authorization is to remain in full force and effect until FFCU has received written notification from me (or the Third Party Account Holder) of its termination in such time and in such manner as to afford FFCU a reasonable time to act upon it.

I understand that in cases where the initiated ACH debits or credits are returned due to insufficient funds, account closure, etc., a \$32.00 fee per return will be assessed from my FFCU account.

FFCU Member Name (please print): _____

FFCU Member Signature: _____ Date: _____

FFCU Member #: _____

**If the name on the financial institution account above is not the same as the FFCU member, the Third Party Section below needs to be filled out by the accountholder at the financial institution above.*

Third Party Authorization

I hereby authorize _____ to initiate ACH debits and credits to/from my account listed above upon their request. This authorization is to remain in full force and effect until FFCU has received written notification from me (or the member listed above) of its termination in such time and in such manner as to afford FFCU reasonable time to act upon it.

I understand that in cases where the initiated ACH debits or credits are returned due to insufficient funds, account closure, etc., fees may be assessed to my account from my financial institution based upon their fee schedule.

Third Party Account Holder Name (please print): _____

Third Party Account Holder Signature: _____ Date: _____

Third Party Account Holder Address: _____

Third Party Account Holder Phone Number: _____

For Office Use Only

Entered By: _____ Date: _____ Verified By: _____ Date: _____