

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



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|-------------------------------------|
| Your American First Account Number: |
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6 Pointe Drive Ste 400 ♦ Brea, CA 92821-6322 ♦ 800.290.1112

ACH Authorization (From Outside Institutions)

| | | | |
|---|---|--|--|
| Member's Name: | | 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 4-Digit ID: _____ | 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 <input type="checkbox"/> Loan 4-Digit ID: _____ |
| Member's Daytime Phone Number | Requested Start Date: | *Please note: funds will be withdrawn or credited on the scheduled date of the transfer. | |
| 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: |
| 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 X | | Date | |
| American First USE ONLY: Received: _____ By: _____ | | Processed: _____ By: _____ | |
| Terminated: _____ By: _____ | | Written Request Attached <input type="checkbox"/> | |

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