



Account to Account (A2A) Transfer Authorization

Primary name on your Arize FCU Account _____

Member Number _____ Daytime Phone _____

Email _____

Other Financial Institution Information

Name of financial institution _____

Name(s) on account _____

Account Number _____

Account Type: Savings Checking **Account Verified:**

9-digit routing/ABA number _____

Transfer description (to appear on transfers – example: XYZ Bank) _____

By completing and submitting this form, I hereby acknowledge and agree to the following:

1. *I am authorized on both accounts listed above;*
2. *I authorize Arize FCU to process transfers I initiate from/to the above-listed accounts;*
3. *These transactions shall comply with applicable provisions of U.S. law;*
4. *I have provided accurate and correct account information to affect a transfer;*
5. *I am responsible for ensuring that the funds in the account to be debited are available and sufficient to cover the transfer;*
6. *The Credit Union is not responsible for any fees/penalties assessed by either institution, including fees for returned or unpaid items, any interest charged or loss of dividend resulting from inaccurate account information or unavailable/insufficient funds in the account scheduled for debiting; and*
7. ***Transfers may take up to three business days and cannot be cancelled or reversed once initiated.***

Signature of authorized account signer (must be authorized on both accounts)

Date

Credit Union Use Only

Received by Teller # and Initials: _____

Date: _____

Processed by Teller # and Initials: _____

Date: _____

Verified by Teller # and Initials: _____

Date: _____