

**A2A Account to Account Transfer Authorization Form  
(Active Membership open minimum 90 days)**

This form is used to authorize FOCUS Credit Union to transfer funds between your FOCUS Credit Union account and your account at another US financial institution. You should contact the other financial institution to ensure you have proper information before submitting this form to FOCUS Credit Union. A fee may apply for any returned transactions. Maximum Amounts: Daily \$3,000; Rolling 30 Days \$10,000.

**Member Name:** \_\_\_\_\_

**FOCUS Credit Union Member Number:** \_\_\_\_\_

**CHECK ONLY ONE BOX:**

Add the following accounts:

Delete the following accounts:

**External Account 1:**

US Financial Institution Name: \_\_\_\_\_  
Routing ABA Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Type:  savings     checking     loan  
Name on Account: \_\_\_\_\_

**External Account 2:**

US Financial Institution Name: \_\_\_\_\_  
Routing ABA Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Type:  savings     checking     loan  
Name on Account: \_\_\_\_\_

**External Account 3:**

US Financial Institution Name: \_\_\_\_\_  
Routing ABA Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Type:  savings     checking     loan  
Name on Account: \_\_\_\_\_

I hereby certify the account information listed above is owned by me. I understand that I may revoke this authorization upon written notice, in such time and such manner as to afford the Credit Union reasonable opportunity to act on it. I agree to the terms and conditions of the Membership and Account Agreement and to any amendments the Credit Union makes from time to time. I further understand that additional fees for A2A Account to Account Transfer Service may apply, and the Credit Union may revoke this service at any time.

X \_\_\_\_\_  
Primary Member

X \_\_\_\_\_  
Joint Owner

Date \_\_\_\_\_

**Please Print, Sign and Fax to 414-258-6254**

For Credit Union Use only

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_