

A2A Account to Account Transfer Authorization Form
(Active Membership open minimum 90 days and valid Email Address)

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 along with

External Account Statement to 414-258-6254

For Credit Union Use
Date received: _____ Received by: _____