

Automated Funds Transfer Request - External Deposit Agreement

CA 9000	60 (800) 231-16	526					
Member First Na	me:		Last Name				
Member Number:			Phone		Email		
This is a new transfer request		est	This is a change request		Please delete this transfer		
Amount					Transfer funds from my: Account Number	Firefighters First Credit Union	
This transaction	should happen:				Checking		
one-time	weekly	monthly	bi-weekly	semi-monthly	Shares		
					Certificate		
Starting on*			Ending on		□IRA		
		_	*Must be received at least 10 business days prior to transfer date				
Name of receiving fir	nancial institutio	on:					
Receiving financial i	nstitution's rout	ing number	(9 digits):				
Account Number (up	to 17 digits)						
Name on Account:							
Choose One:							
Deposit funds to	o a savings acc	ount at anot	her institution				
Deposit funds to	a checking ac	count at and	other institution (atta	ch a voided check)			
Deposit funds to	a loan accoun	t at another	institution				
ACH Disclosure							
above. This authoridays prior to transfe the transfer date wh	ty is to remain in the date). I/We under the will be placed if U.S. law. I/We	n full force and the ed on hold.	nd effect until Firefiς e available funds mu I/We acknowledge tl	ghters First Credit L lst be in my Firefigh nat the origination o	Union has received written on ters First Credit Union accorded transactions to the	ntry) to the account indicated notification (no less than 10 count 2 business days prior to account above must comply evise this transfer, according to	
	onsible. The C	redit Union i				n may impose charges, for event that the ACH Agreement	
Please refer to Firef	ghters First Cre	edit Union's	Truth in Savings for	further disclosures	and schedule of fees.		
BY SIGNING THIS	FORM, I ACKN	OWLEDGE	THAT ALL INFOR	MATION IS TRUE	AND ACCURATE.		
Member's Signature						Date	
For Credit Union Us							
	o Offig.	C -	ato Boold		S		
Accepted by:		Da	ate Rec'd		Signature Verified by:		