FirefightersFirst CREDIT UNION
It's yours.

Automated Funds Transfer Request - External Deposit Agreement

Mail to: P.O. Box 60890, Los Angeles, CA 90060 (800) 231-1626

Fax to: (323) 550-2210

Member Name: _____ Phone _____

Member Number: _____ Email _____

☐ This is a new transfer request ☐ This is a change request ☐ Please delete this transfer

Amount _____

Transfer funds from my: Firefighters First Credit Union
Account Number

This transaction should happen:

☐ one-time ☐ weekly ☐ monthly

☐ bi-weekly ☐ semi-monthly

☐ Checking _____

☐ Shares _____

☐ Certificate _____

☐ IRA _____

Starting on * _____

Ending on _____

* Must be received at least 3 business days prior to transfer date

Name of receiving financial institution: _____

Receiving financial institution's routing number (9 digits): _____ _____ _____ _____ _____ _____ _____ _____ _____

Account Number (up to 17 digits) _____

Name on Account: _____

Choose One:

☐ Deposit funds to a savings account at another institution

☐ Deposit funds to a checking account at another institution (attach a voided check)

☐ Deposit funds to a loan account at another institution

ACH Disclosure

I/We hereby authorize Firefighters First Credit Union to initiate credit entries (and/or corrections to the previous entry) to the account indicated above. This authority is to remain in full force and effect until Firefighters First Credit Union has received written notification (no less than 10 days prior to transfer date). I/We understand the available funds must be in my Firefighters First Credit Union account 2 business days prior to the transfer date which will be placed on hold. I/We acknowledge that the origination of ACH transactions to the account above must comply with the provisions of U.S. law. I/We understand Firefighters First Credit Union may charge a fee to initiate and revise this transfer, according to the applicable schedule of fees.

I/We are fully responsible for the information provided on this request and understand the other financial institution may impose charges, for which I/we may responsible. The Credit Union is not liable for transfers made or any costs I/We may incur in the event that the ACH Agreement is not canceled at the time a loan is paid off.

Please refer to Firefighters First Credit Union's Truth in Savings for further disclosures and schedule of fees.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT ALL INFORMATION IS TRUE AND ACCURATE.

Member's Signature _____ Date _____

For Credit Union Use Only:

Accepted by: _____ Date Rec'd _____ Signature Verified by: _____

Revised 8/24/2018