CONSUMERS FEDERAL CREDIT UNION serving our membership since 1965
425 Neptune Avenue, Brooklyn, NY 11224 www.consumersfcu.org
4177 Merrick Road, Massapequa, NY 11758
Phone (718)266-2204 Fax (718) 266-1976

Account 2 Account (A2A) Relationship Authorization Form

**** VOIDED CHECK OR COPY OF BANK STATEMENT IS REQUIRED****

Account Information

Name of Outside Financial Institution: _____
Routing ABA Number: _____
Phone Number: _____
Account Name / Number: _____
Type of Account (i.e. savings, checking, loan): _____
Account Description (i.e. Jon's College Savings): _____

Authorization Agreement

I hereby authorize Consumers Federal Credit Union to initiate debit and credit entries to the account listed above. I hereby certify that I am an authorized account holder of the account listed above. Th e terms of the Consumers FCU Membership and Account Agreement, including the terms of the Wire Transfers, Automated Clearing House (ACH), and Other Payment Order Transactions section, are incorporated into this authorization. I acknowledg e that I may not originate ACH transactions to or from my account(s) that violate U.S. law. This authorization is to remain in full force until the credit union has received a written revocation from me and has had a reasonable time to act on it.

I understand and agree that I am solely liable for any losses and damages as a result of any incorrect information I provided to Consumers FCU above.

Signature

Member Name: _____ Consumers FCU Acct#: _____

Authorized Signature: _____ Date: _____

Daytime Phone Number: _____

Please note that debits initiated from your Consumers FCU account will be immediately withdrawn although credits to Third-Party Financial Institution may be delayed due to processing requirements. Credits from Third-Party Financial Institutions to your Consumers FCU account will not post immediately.

******FOR CREDIT UNION USE ONLY******

Signature verified by:

A2A account information entered by (Print name & Initial) / Date:

Confirmation of Voided Check or Bank Statement by:

A2A account information verified by (Print name & Initial) / Date: