



AUTHORIZATION FOR A2A TRANSFER

Please complete this form or legibly print the following information:

Primary Name on Your DOLFCU Account: _____

Account #: _____

Daytime Phone #: _____ Email Address: _____

LOAN PAYMENT/SAVINGS ALLOCATION

Name of Financial Institution: _____

Name(s) on Account: _____

Account #: _____ Type of Account: Savings

9-Digit Routing/ABA #: _____ Checking

Transfer Description: _____

(Example: PNC Checking)

By completing and submitting this form, I hereby acknowledge and agree to the following:

1. I am authorized on both accounts listed above;
2. I authorize Department of Labor FCU to process transfers I initiate from/to the above-listed accounts;
3. These transactions shall comply with applicable provision of U.S. law;
4. I have provided accurate and correct account information to effect a transfer;
5. I am responsible for ensuring that the funds in the account to be debited are available and sufficient to cover the transfer;
6. The credit union is not responsible for any fees/penalties assessed by either institution, including fees for returned or unpaid items, any interest charged or loss of dividend resulting from inaccurate account information or unavailable/insufficient funds in the account scheduled for debiting; and
7. Transfers may take up to three business days and cannot be canceled or reversed once initiated.

Signature of Authorized Account Signer (Must be authorized on both accounts)

Date

Please submit this completed form, along with a copy of a valid ID to MemberServices@DOLFCU.org.

Credit Union Use Only

Date Received: _____ Received by: _____ Processed by: _____