



ACCOUNT 2 ACCOUNT (A2A) RELATIONSHIP AUTHORIZATION FORM

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. The 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 acknowledge 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.

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Please note that debits initiated from your Consumers FCU account will be immediately withdrawn although credits to Third-Party Financial Institution may be delayed due to processing requirements.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:
Additional verification if not received in person:

A2A account relationship updated by:
Date: