



## ACH TRANSFER REQUEST

Member Number:

### TFCU PRIMARY ACCOUNT HOLDER INFORMATION

Name:	Day Phone: (     )
Address:	Transfer Amount:
City, State, Zip:	
Sub-account Number (loan or share account):	
Recurring transaction:	
One time transaction:	

BY SIGNING BELOW I/WE ARE AUTHORIZING TFCU TO INITIATE CREDIT OR DEBIT ENTRIES FROM OUR CHECKING OR SAVINGS AT THE DEPOSITORY INSTITUTION NAMED BELOW. I/WE ACKNOWLEDGE THE ORIGINATION OF ACH TRANSACTIONS TO OUR ACCOUNT MUST COMPLY WITH PROVISIONS OF U.S. LAW.

### JOINT ACCOUNT HOLDER

Name:
Address:
City, State, Zip:
Special Identifier of Recipient (ie: SSN, TIN, DL#):

THIS AUTHORIZATION TO REMAIN IN FULL FORCE AND EFFECT UNTIL TFCU RECEIVES WRITTEN NOTICE FROM EITHER ACCOUNT HOLDER OF THEIR DESIRE TO TERMINATE IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD TFCU AND DEPOSITORY INSTITUTION REASONABLE OPPORTUNITY TO ACT ON IT.

### EXTERNAL ACCOUNT INFORMATION

External Financial Institution:
Branch:
Address:
City, State, Zip:
ABA Routing/Transit Number:
Account Number:

Account Owner

Account Owner

### INTERNAL USE ONLY

ORIGINATE AN ACH DEBIT ON THE EXTERNAL ACCOUNT TO POST AS A CREDIT TO A TFCU ACCOUNT (pay a TFCU loan or share by reducing an external account):

ORIGINATE AN ACH CREDIT ON THE EXTERNAL ACCOUNT TO POST AS A DEBIT TO A TFCU ACCOUNT (pay an external loan or deposit with a TFCU loan or share account): **n/a**

Date and Time of Request:
Amount of Fee:
Identification Used:
Method of Transfer:
Transaction/Control Number:
Processed by:
Special Instructions:

ACCOUNT OWNER(S):