Phone: 703.914.8700 / 540.986.0652
Fax: 703.245.0540
infirstfcu.org
ABA Routing # 254075438 / memberservices@infirstfcu.org

Funds Transfer Authorization Form

New* ___ Change* ___ Stop ___
*Attach a voided check for new or change requests.

I authorize InFirst FCU to withdraw (debit) funds at the frequency specified below from my account at the following financial institution to be applied to my account at InFirst FCU:

Institution Name_____

Name as it appears on the account _____

ABA Routing #_____ Checking Account #_____

Please select a transfer frequency, date of first withdrawal, and amount (choose one):

___ One-time
___ Weekly
___ Bi-weekly
___ Monthly
___ Semi-monthly
Date of first withdrawal: _____
Amount _____

Upon receipt of my Automatic Funds Transfer, credit the funds as follows:

Name _____ Phone _____

InFirst FCU Account # _____

Loan # _____ Amount _____ Loan # _____ Amount _____

Share #_____ Amount _____ Share # _____ _____

I understand and agree to the following:

- If the date(s) above is a weekend or holiday, the withdrawal will not occur until the following business day.
- Forms must be received five (5) business days prior to the date of the first scheduled withdrawal (debit).
- If three automatic transfers are returned, InFirst FCU will cancel this automatic funds transfer authorization.

This authorization is to remain in effect until InFirst FCU has received written notification from me to stop this transaction, unless this is a one-time withdrawal. If the automatic transfer is returned for any reason, including non-sufficient funds, InFirst FCU may assess a fee as specified in the Schedule of Fees and Charges. InFirst FCU may attempt to make the transfer two (2) additional times before deeming the transfer as an unpaid return. InFirst FCU has the right to terminate this authorization agreement for any reason and has the right to make appropriate adjustments if any errors occur with the transmission of funds.

Sign this completed form and submit via mail, email memberservices@infirstfcu.org , or fax to 703.245.0540.

Member Signature _____ Date _____