



# Institution to Institution Transfer

## Authorization for ACH Transactions

I (we) herby authorize Windsor Locks Federal Credit Union to initiate debit/credit entries to my (our) account(s) as indicated below and the financial institution name below, hereinafter called Financial Institution, to debit/credit the same to such account. I (we) agree to have applicable funds in my (our) account on the designated date to effect this transfer. I (we) agree to pay any applicable fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify the bank in writing at least one week prior to the next settlement date. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. I (we) agree that if my (our) loan is paid off I (we) authorize to cancel this transaction.

**Other Institution Info:**

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Address/City/State/Zip)

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Transaction: \_\_\_ Debit \_\_\_ Credit \_\_\_ Loan \_\_\_ Mortgage\*

Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
(Frequency of Transfer)

\_\_\_\_\_  
(Date/Day of Transfer)

If this date falls on a Saturday, Sunday, or bank holiday, this transfer will automatically be made on the prior business day.

**WLFCU Info:**

\_\_\_ Debit \_\_\_ Credit

Type of Account: \_\_\_ Checking \_\_\_ Savings \_\_\_ Loan \_\_\_ Mortgage\*

\_\_\_\_\_  
Account Number

\*I (we) agree that if my (our) mortgage payment should increase or decrease due to changes in escrow, I (we) authorize the financial institution to debit the new mortgage payment amount.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Signature)

Windsor Locks Federal Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.

\_\_\_\_\_  
(Member Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Individual ID Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Member Name – if applicable)

\_\_\_\_\_  
(Signature – if applicable)

\_\_\_\_\_  
(Individual ID Number)

\_\_\_\_\_  
(Date)

-----  
I hereby authorize Windsor Locks Federal Credit Union to cancel the above described automatic entry effective as of \_\_\_\_\_.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Signature)