



ACCOUNT-TO-ACCOUNT (A2A) TRANSFER AUTHORIZATION

DATE: _____ MEMBER NAME: _____ ACCT#: _____

EMAIL ADDRESS (REQUIRED): _____

FOR THE TRANSFER OF MONEY TO/FROM MY CUFCU ACCOUNTS:

FROM SUFFIX: _____	FROM SUFFIX: _____	FROM SUFFIX: _____	FROM SUFFIX: _____
TO SUFFIX: _____	TO SUFFIX: _____	TO SUFFIX: _____	TO SUFFIX: _____
AMOUNT: _____	AMOUNT: _____	AMOUNT: _____	AMOUNT: _____

FOR THE TRANSFER OF MONEY TO/FROM ANOTHER FINANCIAL INSTITUTION IN ONLINE BANKING:

Proof of account ownership is required. Please attached a voided check (no starter checks accepted) or statement from your other financial institution that includes your FULL ACCOUNT NUMBER. Please note: **1)** The daily limit on the amounts you can transfer between accounts is \$5,000. **2)** Excluding weekends and federal holidays, transfer requests will be completed within 72 hours. **3)** For outgoing transfers, your money will be immediately removed from your account. Transfers will not be made if your account does not have sufficient funds for the transfer. **4)** Once the transfer is made, CUFCU cannot cancel or reverse the transfers.

NAME OF FINANCIAL INSTITUTION: _____ ROUTING# _____

NAME ON THE ACCOUNT: _____

ACCOUNT#: _____ ACCOUNT TYPE: Checking Savings

NAME OF FINANCIAL INSTITUTION: _____ ROUTING# _____

NAME ON THE ACCOUNT: _____

ACCOUNT#: _____ ACCOUNT TYPE: Checking Savings

TERMS AND CONDITIONS: I hereby accept the terms and conditions stated in this Agreement & Authorization and CUFCU to establish a A2A transfer relationship between the accounts listed above. I hereby certify that I am an authorized account holder on the accounts listed above. I understand that the terms of the Personal Account Agreement and Disclosure, Funds Availability Policy and Electronic Funds Transfer Act Notice (Reg E) also apply. I acknowledge that I may not originate transactions to or from my accounts that violate U.S. law. This authorization is to remain in effect until CUFCU has received a written revocation from me and has had a reasonable time to act on it. I hereby authorize CUFCU to charge my eligible CUFCU account for any A2A transfer request to a verified account stated above and from a verified account stated above to my eligible CUFCU account including any related fee, subject to any applicable limit as to dollar amount and in accordance with the procedures established by the Credit Union. I understand and acknowledge that CUFCU has no obligation to execute any request for a transfer using A2A transfer that is not initiated in accordance with such procedures. I further acknowledge that the acceptance and processing for an A2A transfer request is subject to the terms and conditions stated in this Agreement & Authorization as amended from time to time. I acknowledge and agree that CUFCU has established commercially-reasonable security procedures for the A2A transfer service. I understand that the security procedures are designed to authenticate my identity before accepting and requesting for an A2A transfer and not to detect errors in the contrast of my instructions. After agreeing to this Agreement and providing any additional information requested, I may enroll accounts that I establish and control at other financial institutions (each, a "Third Party Account") in the A2A transfer service. I authorize CUFCU to verify my Third Party Account. Once the verification process is successful, each Third Party Account will become a verified account. CUFCU reserves the right to reject the funds transfer request. CUFCU may reject my request if the dollar value of one or more of my transfer request exceeds my daily or monthly transfer limit or if I have insufficient available funds in my eligible CUFCU account for the amount of the A2A transfer, plus any applicable fee, if my request is incomplete or unclear, if CUFCU identifies a security risk related to a requested transfer or if CUFCU is unable to fulfill my request for any other reason.

MEMBER SIGNATURE: _____ DATE: _____