



7800 E. Imperial Hwy.  
Downey, CA 90242  
(562) 923-0311 (800) 950-7328

## ACH AUTOMATIC TRANSFER REQUEST

(PLEASE PRINT)

MEMBER'S NAME:	SOC. SEC. NO.:
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### TRANSFER INFORMATION

TRANSFER FROM: ACCT. #	TRANSFER TO: ACCT.#
INSTITUTION NAME:	INSTITUTION NAME: <b>Financial Partners Credit Union</b>
LOCATION/BRANCH:	LOCATION/BRANCH: <b>7800 E. Imperial Hwy., Downey, CA 90242</b>
ABA#:	ABA#: <b>322275157</b>
CHECK ONE: <input type="checkbox"/> CHECKING* <input type="checkbox"/> SAVINGS AMOUNT \$	CHECK ONE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> SUFFIX #

**NOTE: VOIDED CHECK REQUIRED FOR CHECKING**

PLEASE CHECK APPROPRIATE BOX: (CHECK ONE) <input type="checkbox"/> NEW <input type="checkbox"/> REVISE <input type="checkbox"/> CANCEL (CHECK ONE) <input type="checkbox"/> WEEKLY (ON FRIDAYS) <input type="checkbox"/> MONTHLY (ON A SPECIFIC DATE) START DATE:
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I (We) hereby authorize the Financial Partners Credit Union (FPCU) or subsequent holder to initiate debit entries (and/or corrections to the previous entries) to my (our) checking/savings account indicated above. This authority will remain in full force and effect until I (we) give FPCU written notification of termination in such manner as to allow FPCU a reasonable opportunity to act on it. In addition, I (we) agree to the following terms and conditions:

1. I (We) understand that this service is not available for transferring payments directly to FPCU loans or credit cards. An "Internal Transfer Request Form" must be completed for transferring payments.
2. I (We) understand that recurring transfers which may fall on a weekend or Holidays may be delayed one or two days.
3. I (We) understand that it is my (our) responsibility to change the amount of this transfer if needed. This requires completion of a new transfer agreement by me (us).
4. I (We) understand that FPCU reserves the right to cancel this agreement and terminate this transfer, with or without cause, followed by a written notification to me (us).
5. I (We) understand and agree that FPCU shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I (we) agree to hold FPCU harmless for any claims, liabilities, attorneys fees and other costs and expenses of any and every kind and nature which I (we) may incur as a result of FPCU's performance under this authorization agreement.
6. "I (We) understand and agree that the Operating Rules of the National Automated Clearing House Association (NACHA) shall apply."

Member Signature: \_\_\_\_\_ Date \_\_\_\_\_ Day Phone \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date \_\_\_\_\_ Day Phone \_\_\_\_\_

BRANCH USE ONLY:	DATE:	TELLER CODE AND INITIALS:	
SUPPORT CENTER:	INPUT DATE:	TELLER CODE AND INITIALS:	SEQUENCE#

Credit Union Copy-White

Member Copy-Canary