## ACH AUTOMATIC TRANSFER REQUEST

## MEMBER INFORMATION

(Please Print)

| First Name | Last Name | SSN |
|------------|-----------|-----|
|            |           |     |

## TRANSFER INFORMATION

| Transfer From Account # | Transfer To Account #                   |  |
|-------------------------|---|--|
|                         |   |  |
|                         |   |  |
| Institution Name        | Institution Name                        |  |
|                         | Financial Partners Credit Union         |  |
| Location/Branch         | Location/Branch                         |  |
|                         | 7800 E. Imperial Hwy., Downey, CA 90242 |  |
|                         |   |  |
| ABA#                    | ABA#                                    |  |
|                         | 322275157                               |  |
|                         |   |  |
| Check One               | Check One                               |  |
| □ Checking* □ Savings   | □ Checking □ Savings □ Loan □ Suffix#   |  |
| Amount \$               |   |  |
|                         |   |  |

## \* Voided check required for Checking. (Temporary checks will not be accepted.)

| Please check appropriate box (cheo | eck one): 🛛 New                | Carl Revise              | Cancel |
|------------------------------------|--------------------------------|--------------------------|--------|
|                                    | ck one): 🛛 Weekly (on Fridays) | An Monthly, on day of mo | nth.   |
| Start Date: / /                    |                                |                          |        |

I/We hereby authorize 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 recurring transfers which may fall on a weekend or a holiday may be delayed one or two days.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. I/We understand and agree that the operating rules of the National Automated Clearing House Association (NACHA) shall apply.
- 6. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law and that I/ we am/are authorized to conduct transactions on all accounts involved in the transfer.

D 4 T F

|                  |            | IEDAY PH                 | DAY PHONE |  |
|------------------|------------|--------------------------|-----------|--|
| MEMBER SIGNATURE | DA         | TE DAY PH                | ONE       |  |
| BRANCH USE ONLY  | Date       | Teller code and Initials |           |  |
| SUPPORT CENTER   | Input Date | Teller code and Initials | Sequence# |  |