



AUTHORIZATION AGREEMENT FOR ACH ORIGATION

Authorization Agreement for:

- ACH Direct Funds Transfer - **INCOMING** - to originate a funds transfer **INTO** the Credit Union
- ACH Direct Funds Transfer - **OUTGOING** - to originate a funds transfer **FROM** the Credit Union to another institution

I authorize Firefighters Community Credit Union to initiate Funds Transfer entry(s) to my account as indicated at the financial institution named below. **If this is a re-occurring authorization, this authority will remain in effect until I notify you in writing to cancel it in such time to afford you a reasonable opportunity to act on it.** I can stop payment of any entry by notifying the Credit Union 3 days before my account is debited or credited. I understand a one-time charge of \$15.00 will be charged for an outgoing authorization and for one time incoming transactions.

Member Name _____

Credit Union Account # _____

Name of Financial Institution _____

ABA / Routing Number _____

Dollar Amount _____

Account Type:

Checking # _____

Savings # _____

Loan # _____

Other (Specify) _____

Check One:

- One Time Transaction or Re-Occurring Transaction

Start Date _____

_____ Monthly _____ Semi-Monthly (i.e. 1st & 15th)

_____ Days (s)

FFCCU Use Only:

Date Received _____

Start Date _____

Processed By: _____

Member Signature

Date

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