



717 W Temple Street
Los Angeles, CA 90012
800-944-2200
www.firstcitycu.org

ACH Origination Electronic Funds Transfer Authorization – Incoming


Please complete in its entirety and sign this form to authorize First City Credit Union (FCCU) to schedule a one-time or recurring transfer from an account you own at another institution to your account or loan at FCCU. ***Incomplete forms cannot be processed.***

A one-time transfer can be made by calling a FCCU phone agent at 1-800-944-2200, emailing a signed copy to ACH@firstcitycu.org, or mailing this original form to:

**First City Credit Union
Attn: Electronic Services
717 W Temple Street
Los Angeles, CA 90012**

Select One: New Transfer Change Existing Transfer Cancel Transfer
Select One: One-time Transfer Recurring Transfer

INFORMATION FOR ACCOUNT FROM WHICH THE TRANSFER WILL BE TAKEN:

NAME ON ACCOUNT		BEST CONTACT NUMBER ()	
INSTITUTION NAME		INSTITUTION CITY AND STATE	
ROUTING NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		If using a checking account, please refer to your routing and account number on the bottom of your check, as shown in this example.	
TRANSFER AMOUNT (\$1,500 or less for loans, \$500 or less for deposits)		TRANSFER DATE / START DATE IF RECURRING/END DATE IF ANY	
TRANSFER FREQUENCY (FOR RECURRING TRANSFER – CHECK ONE)			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually

INFORMATION FOR FCCU ACCOUNT RECEIVING THE ABOVE TRANSFER:

MEMBER NAME	FCCU MEMBER NUMBER
ACCOUNT TYPE (CHECK ONE AND PROVIDE SHARE (ACCOUNT) ID FOR ACCOUNT INDICATED-(e.g. Loan 45, Checking 02)	
<input type="checkbox"/> Checking: Share ID	<input type="checkbox"/> Savings: Share ID <input type="checkbox"/> Loan: Loan ID:

By signing below, I certify that I am an authorized signer on each of the above accounts. I authorize First City Credit Union to debit my account at the institution indicated above on or after the date indicated. I also acknowledge the following: 1) Origination of electronic funds transfers to my account must comply with the provisions of U.S. Law and the Rules of the National Automated Clearing House Association. 2) If the transfer date falls on a weekend or holiday, my electronic funds transfer will be credited as of the next business day. 3) My electronic funds transfer will be established within 10 business days after the request is received by First City CU. If my next scheduled payment is within those 10 business days, I must make my payment in another manner as the electronic funds transfer may not have taken effect. 4) The regular transfer will be withdrawn from my account in the frequency specified above even if my account is paid in advance. 5) This authorization may be cancelled by calling us, sending written notice, or by completing a new copy of this form. First City CU must be notified of cancellation at least 10 days prior to the transfer date or payoff of the loan. 6) If the electronic funds transfer is returned for any reason, including non-sufficient funds, First City CU will assess a fee as specified in our *Fee Schedule*.

****Please complete each section prior to signing to ensure your request is processed.***

Signature X_____ Date _____