AdventHealth Credit Union

Account to Account (A2A) Transfer Set-up & Authorization

Please complete a separate form for each financial institution you want to register.

AdventHealth Credit Union (AHCU) Information

AHCU Member/Account Number: _____

Name on Account: _____

Other Financial Institution Information

Name of Financial Institution: _____

Name(s) on Account: _____

Routing Number: _____

Account Number: _____

☐ Checking ☐ Savings

Authorization Information & Disclosure

I authorize AHCU to set up an A2A profile with the information I provided. By signing this form, I authorize AHCU to Originate (Debit or Credit) entries to the accounts listed. I understand that when I initiate transfers from my AHCU account(s) funds are withdrawn immediately from my account. I understand that the transfers to and or from my other financial institution could take up to 2 banking days to reflect on my accounts.

_____

Print Name

_____ _____

Signature Date

INSTRUCTIONS

Please provide a copy of a voided check or bank statement for your account at the other financial institution. Submit the completed form with required documentation to AHCU Member Services.

MAIL: AdventHealth Credit Union- *351 South State Road 434. Ste 1009 Altamonte Springs, FL 32714*

FAX: (407) 303-0923

For internal use only

Form accepted by: Teller # _____ Initial: _____ Date: _____

Set-up completed by: Teller # _____ Initial: _____ Date: _____