



ACH ORIGATION AUTHORIZATION FORM

For depositing and withdrawing funds between your First Financial Credit Union (FFCU) account and your account at another financial institution.

Request Type:	Recurring:	Cancellation:	Change Existing:	One Time ACH:
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(For funding new account or FFCU only)

➤ **Transfer Information:**

Please indicate whether you wish to **deposit to** or **withdraw from** your FFCU account:

DEPOSIT to my FFCU account (debit from another financial institution).

ACH debit transactions cannot be performed from loans at other institutions.

WITHDRAW from my FFCU account (credit to another financial institution).

ACH debit transactions cannot be performed from loans at FFCU.

Effective Start Date: _____

Amount: \$ _____

Frequency of Transfer:

Weekly (Day of week-M-F)

Bi-Weekly (Friday only)

Monthly _____

Semi-monthly days _____ & _____

NOTE: Transfers intended for loan payments must be set up internally by FFCU or the other financial institution depending on where the loan is located.

➤ **FFCU Account Information:**

Account Number: _____

Share Loan ID: _____

➤ **Other Financial Institution Account Information (Must provide voided check or deposit slip with this document)**

Account Holder Name: _____

Financial Institution Name: _____

Routing & Transit Number: _____ Account Number: _____

➤ Account Type: Savings: Checking:

➤ **Authorization & Disclaimers**

➤ By signing this form, you authorize First Financial Credit union to establish recurring transfers from or to your First Financial Credit Union account on a schedule you establish as specified herein. Note: If form is incomplete, transfer will not occur. I understand that the use of the Automated Clearing House (ACH) transactions is governed by the Electronic Funds Transfer Act and NACHA Operating rules, and I agree to abide by them. I further acknowledge that any such transactions I have authorized are compliant with provisions of all applicable laws. It may take up to three (3) business days to initiate this request. This authorization will remain in effect until First Financial Credit Union receives written notification of its termination.

➤ To cancel this authorization, you must contact First Financial Credit Union no less than three (3) business days prior to the next scheduled transfer. The transfer may not be able to be stopped if notice is provided in less than three (3) days. We may require you to give written confirmation of a stop- payment order within 14 days of an oral notification. First financial Credit Union has the right to terminate this authorization agreement for any reason. If the automatic transfer is returned for any reason, including non-sufficient funds, First Financial Credit Union may assess a fee as specified in our Fee Schedule and Membership Agreement. First Financial may attempt to make the transfer two (2) additional times before deeming the transfer as an unpaid return.

➤ Transfers that were initiated for loan payments will continue after the loan is paid off or has a zero balance, until you contact First Financial Credit Union to cancel the transfer. For FFCU loans, funds from the other financial institution will be deposited to your savings account until you cancel the transfer.

Signature: _____

Date: _____

Contact Number: _____

Email Address: _____

Return to First Financial Credit Union
Attn: ACH Department
PO Box 25587
Albuquerque, NM 87125-0587