



Easy Transfer Authorization Agreement

To complete this form:

- 1. Print a copy.
2. Verify the routing number of the other financial institution.
3. Fill in the information requested.
4. Sign and date the form.
5. Attach a voided check from your account at the institution you wish us to debit or a deposit slip from your account at the institution you wish us to credit.
6. Return the completed form and information to Hanscom FCU:
- By fax to 978-952-8533
- By mail to Hanscom FCU; 25 Porter Road; Littleton, MA 01460-1434
- In person at any branch

Hanscom FCU Prime Member Name: _____

Daytime Telephone Number: _____

Hanscom FCU Member Number: _____

Account Type [] Savings [] Checking

Transaction Type [] Debit [] Credit

Other Financial Institution Name: _____

Address _____

Name on Account _____

Routing Number _____ Account Number _____

Account Type [] Savings [] Checking

Transaction Type [] Debit [] Credit

Easy Transfer Amount: _____

Start Date (MM/YYYY) _____ Date Requested Per Month (1 - 30) _____

Please note: on weekends and holidays, the transfer affecting your Hanscom FCU account will be processed on the following business day. Hanscom FCU is not responsible for posting delays caused by another financial institution. I agree to be bound by ACH rules. Hanscom Federal Credit Union reserves the right to terminate or suspend an agreement for breach of rules. IAT originations are not accepted by HFCU.

Authorization Agreement

I hereby authorize and request Hanscom FCU to initiate an electronic debit/credit entry from my account to the financial institution named above, and I authorize and request said financial institution to debit/credit my account at the amount and frequency listed above. I understand I (or any joint owner listed below) have a right to stop this automatic payment by notifying both Hanscom FCU and the financial institution in writing within a reasonable time frame before the day my account is scheduled to be debited/credited. This agreement will remain in force until Hanscom FCU and the financial institution have received written notification of termination. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

I (we) agree to fund the account to be debited no later than the day previous to the transfer date in an amount at least equal to the total amount of the debit/credit.

Prime Member Signature _____ Date _____

Joint Member Signature _____ Date _____