



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

### **Florida Hospital Credit Union (FHCU) Information**

FHCU Member/Account Number: \_\_\_\_\_

Member 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 FHCU to set up an A2A profile with the information I provided. By signing this form, I authorize FHCU to Originate (Debit or Credit) entries to the accounts listed. I understand that when I initiate transfers from my FHCU account(s) funds may not be withdrawn immediately from my account. I understand that the funds 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. Please complete this form and submit it to a FHCU Member Service Representative or mail it along with a voided check or bank statement to: **601 E Rollins St. Box 104, Orlando, FL 32803.**

**Note:** *A separate form is needed for each financial institution.*

### **For internal use only**

Form accepted by: Teller # \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Set-up completed by: Teller # \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_