



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

I authorize FHCU to set up an A2A profile with the information I provided. I authorize FHCU to Originate (Debit or Credit) my account to allow transfer request initiated through my online banking profile. I understand that when I initiate transfers from my FHCU account(s) funds (the amount) will be withdrawn immediately from my account.

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.

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: _____