



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 I understand that when I initiate transfers from my AHCU account(s) funds are withdrawn immediately from my account.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- 601 E Rollins St. Box 104, Orlando, FL 32803.

FAX: (407) 303-0921

For internal use only		
Form accepted by: Teller # _____	Initial: _____	Date: _____
Set-up completed by: Teller # _____	Initial: _____	Date: _____