



**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 I understand that when I initiate transfers from my AHCU account(s) funds are withdrawn immediately from my account.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- 351 South State Road 434, Ste 1009 Altamonte Springs, FL 32714**

**FAX: (407) 303-0923**

**For internal use only**

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

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