A2A Account to Account Transfer Authorization Form

This form is used to authorize Metrum Community Credit Union (MCCU) to transfer funds between your MCCU account and an account at another financial institution. You should contact the other financial institution to ensure you have proper information before submitting this form to MCCU. A fee may apply for any returned transactions.

Member Name: __________________________________________ MCCU Account#: _______________________

CHECK ONLY ONE BOX:

☐ Add the following accounts:  ☐ Delete the following accounts:

Relationship Account 1:

Financial Institution Name: __________________________________________
Routing ABA Number: __________________________________________
Name on Account: __________________________________________
Account Number: __________________________________________
Account Type - If this is a Credit Union, write the suffix # next to the account type:
(circle one): CHECKING  SAVINGS  LOAN

Relationship Account 2:

Financial Institution Name: __________________________________________
Routing ABA Number: __________________________________________
Name on Account: __________________________________________
Account Number: __________________________________________
Account Type - If this is a Credit Union, write the suffix # next to the account type:
(circle one): CHECKING  SAVINGS  LOAN

Please review and initial:

_____ I am authorizing any Joint Owner on my MCCU account and/or all individuals that have access to my account through It’sMe247 to transfer to/from the financial institution listed above.

I hereby certify the account information listed above is owned by me. I understand that I may revoke this authorization upon written notice, in such time and such manner as to afford the Credit Union reasonable opportunity to act on it. I agree to the terms and conditions of the Membership and Account agreements and to any amendments the Credit Union makes from time to time. I further understand that additional fees for A2A Account to Account Transfer Service may apply.

This authorization may be unilaterally terminated by the CREDIT UNION in cases of excessive returns or member abuse.

PRINT INDIVIDUAL NAME: ____________________________ Phone#: __________________________
PRINT INDIVIDUAL NAME: ____________________________ Phone#: __________________________
SIGNATURE: ________________________________________ DATE: _______________________
SIGNATURE: ________________________________________ DATE: _______________________

***ATTACH COPY OF VOIED CHECK OR COPY OF ACCOUNT STATEMENT TO THIS FORM***

For Credit Union Use Only: Date Entered: __________________ Entered by: _______________________