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 a personal account at another financial institution. You should contact the other financial institution to ensure you have proper information before submitting this form to MCCU. For monthly loan payments, MCCU encourages you to consider setting up ACH payments for easier management. 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: *(must be a personal account)*

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

Relationship Account 2: *(must be a personal account)*

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

Please read 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.

SIGNATURE: _____ DATE: _____

ATTACH COPY OF VOIDED CHECK OR COPY OF ACCOUNT STATEMENT TO THIS FORM

For Credit Union Use Only: Entered by: _____ Entered on: _____