



Dear Member,

Due to federal regulations, we are required to have the following form signed and on file for all EFT (Bank Transfer) transactions that are originated by the Firestone Federal Credit Union.

Please fill out the attached form and return it to us as soon as possible, along with a copy of a voided check from your checking account.

Deposit slips and starter checks are insufficient and will not be accepted. If you are not given checks with your checking account, we will require a letter from your checking institution on their business letterhead including your name, an account number and a routing number.

Thank You,

Firestone Federal Credit Union
EFT Department

HOW TO TRANSFER MONEY TO YOUR CHECKING ACCOUNT

The Firestone Federal Credit Union can electronically transfer funds from your credit union share account to a checking account at another financial institution.

In order to do this, however, we need the accompanying authorization form and a copy of a voided check on file at the credit union office. *Deposit slips and starter checks will not be accepted.* Once we have this information on file, all you need to do is call us before 3:00 p.m. Eastern Standard Time, and your transfer will be credited to your checking account on the next business day. We do ask that you confirm your deposit with your bank prior to writing any checks or making any withdrawals. For more information, give us a call at 234-352-1100.

**FIRESTONE FEDERAL CREDIT UNION
AUTHORIZATION AGREEMENT FOR DIRECT TRANSFERS (ACH DEBITS)**

MEMBERS NAME _____ JOINT MEMBER NAME _____

C.U. ACCOUNT# _____ HOME TELEPHONE NUMBER _____

WORK TELEPHONE NUMBER _____ CELL PHONE NUMBER _____

E-MAIL ADDRESS _____

I hereby authorize Firestone Federal Credit Union to debit my Savings Account at Firestone Federal Credit Union to credit my Checking Account at the depository financial institution named below, hereafter called Depository, I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law.

DEPOSITORY INSTITUTION _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ (*must be 9 digits*)

CHECKING ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until Firestone Federal Credit Union has received written notification from me of its termination in such time and in such manner as to afford Firestone Federal Credit Union and Depository a reasonable opportunity to act on it.

I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO ENSURE THE TRANSACTION HAS POSTED TO THE CHECKING ACCOUNT. I UNDERSTAND THAT THE CREDIT UNION WILL NOT BE LIABLE FOR ANY CHARGES INCURRED AS A RESULT OF A FAILURE TO CONFIRM THE DEPOSIT.

SIGNATURE _____ SIGNATURE (JOINT OWNER) _____

DATE _____ Is this replacing a Bank transfer you already have set up with us? _____

**REMEMBER TO SUBMIT A COPY OF A VOIDED CHECK OR VERIFICATION OF ACCOUNT INFORMATION
(ACCT # AND ABA #) FROM YOUR FINANCIAL INSTITUTION**