



(202) 789-2901  
MemberServices@DOLFCU.org  
www.laborcu.org

## AUTHORIZATION FOR A2A TRANSFER

Please complete this form or legibly print the following information:

Primary Name on Your LaborCU Account: \_\_\_\_\_

Account #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### LOAN PAYMENT/SAVINGS ALLOCATION

Name of Financial Institution: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Account #: \_\_\_\_\_

Type of Account: Savings

9-Digit Routing/ABA #: \_\_\_\_\_

Checking

Transfer Description: \_\_\_\_\_

(Example: PNC Checking)

By completing and submitting this form, I hereby acknowledge and agree to the following:

1. I am authorized on both accounts listed above;
2. I authorize Labor Credit Union to process transfers I initiate from/to the above-listed accounts;
3. These transactions shall comply with applicable provision of U.S. law;
4. I have provided accurate and correct account information to effect a transfer;
5. I am responsible for ensuring that the funds in the account to be debited are available and sufficient to cover the transfer;
6. The credit union is not responsible for any fees/penalties assessed by either institution, including fees for returned or unpaid items, any interest charged or loss of dividend resulting from inaccurate account information or unavailable/insufficient funds in the account scheduled for debiting; and
7. Transfers may take up to three business days and cannot be canceled or reversed once initiated.

\_\_\_\_\_  
Signature of Authorized Account Signer (Must be authorized on both accounts)

\_\_\_\_\_  
Date

Please submit this completed form, along with a copy of a valid ID to [MemberServices@DOLFCU.org](mailto:MemberServices@DOLFCU.org).

### Credit Union Use Only

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Processed by: \_\_\_\_\_