



Authorization agreement for account to account (A2A)

I hereby authorize Muskegon Co-op FCU to initiate debit/credit entries to my member #: \_\_\_\_\_ with the following depository financial institution(s). Please attach a voided check, letter or statement from financial institution indicating the entire account number.

Financial Institution #1

Transfer description (account nickname): \_\_\_\_\_

Financial institution name: \_\_\_\_\_

FI routing #: \_\_\_\_\_

Account # at other FI: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Savings \_\_\_\_\_ Checking \_\_\_\_\_ Loan

Account holder name at other FI: \_\_\_\_\_

Financial Institution #2

Transfer description (account nickname): \_\_\_\_\_

Financial institution name: \_\_\_\_\_

FI routing #: \_\_\_\_\_

Account # at other FI: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Savings \_\_\_\_\_ Checking \_\_\_\_\_ Loan

Account holder name at other FI: \_\_\_\_\_

**I understand there will be a \$1.00 fee for each A2A transfer. Fee waived for Platinum and MCFCU Loan members.**

\_\_\_\_\_  
Name (Please print)

(\_\_\_\_\_)\_\_\_\_\_  
Day time phone number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE  
Date Received \_\_\_\_\_ A2A Updated \_\_\_\_\_ Verified \_\_\_\_\_