



Preauthorized ACH Recurring Transfers Form

Complete and sign this form and return to: Affinity FCU, Attn: Electronic Services, 73 Mountain View Blvd., Basking Ridge, NJ 07920 or fax the completed form to (908)860-3956 attn. Electronic Services. Also attach a voided check; or for savings accounts, a copy of a bank encoded deposit slip, a copy of a bank statement, or a letter from the bank signature guaranteed by an officer confirming the bank information.

Transaction Type: (select one)

- Deposit to AFCU Account (from Institution) Withdrawal from AFCU Account (to Institution)

Request Type: (select one)

For Change Requests, please complete the following below:

- New Stop Previous Change Existing

Previous Amount

Previous Transfer Option (see below)

Affinity Account:

Account Number _____ Account Type Savings Checking Money Manager HSA

Financial Institution:

Institution Name _____ ABA Number _____

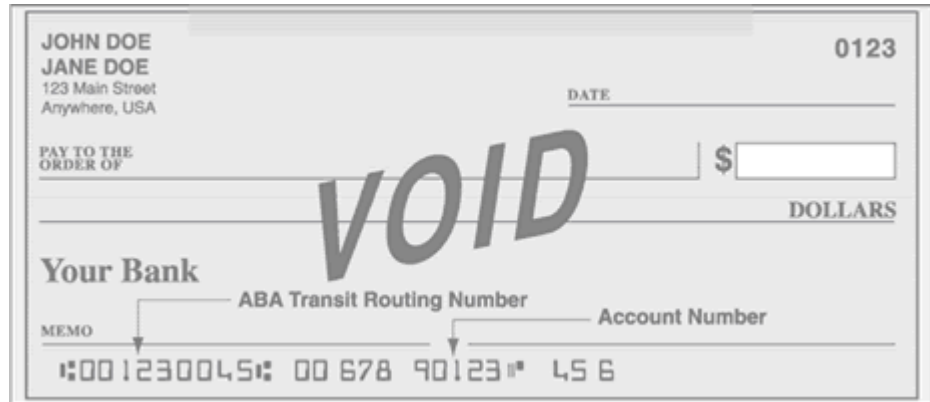
Account Number _____ Account Type Savings Checking

Dollar Amount _____ Start Date _____

Voided Check: (please attach)

Please adhere, with tape, an original voided check here. Do not staple.

For New Requests:
Please attach a copy of a voided check.



For savings accounts, either a bank encoded deposit slip, a copy of the bank statement, or a letter from the bank signature guaranteed by an officer confirming the bank information must accompany this authorization.

Transfer Options: (select one)

- Monthly on: 1st 3rd 10th 15th or last business day Bi-Weekly (5th and 20th of month)
 Weekly (every Friday) Bi-Monthly (15th and last business day of month)

I authorize Affinity Federal Credit Union, to initiate **recurring** credit/debit entries of the said amount to/from my account with Affinity Federal Credit Union and/or other institutions named below. I will give **3 days notice** prior to the frequency date, for any new requests, changes or stops. This authorization will remain in effect until Affinity Federal Credit Union receives written notification of its termination. Voided checks that DO NOT have your printed name and or address will not be accepted. **INCOMPLETE FORMS WILL NOT BE PROCESSED.** Entries may not be initiated that violate the laws of the United States. **I understand this service cannot be used for third-party transfers. Third-party transfers will not be accepted for processing.**

X _____
Print Name Date

X _____
Member Signature Date

FOR CREDIT UNION USE ONLY

Accepted by: _____ Date: _____