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)
- [ ] New
- [ ] Stop Previous
- [ ] Change Existing

*For Change Requests, please complete the following below:*

<table>
<thead>
<tr>
<th>Previous Amount</th>
<th>Previous Transfer Option (see below)</th>
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**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.

**Transfer Options:** (select one)

- [ ] Monthly on: [ ] 1st [ ] 3rd [ ] 10th [ ] 15th [ ] last business day
- [ ] Bi-Weekly (5th and 20th of month)
- [ ] 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: __________

6/26/13