



ELECTRONIC FUNDS TRANSFER ACH REQUEST

I (we) hereby authorize The Florist Federal Credit Union (herein The Credit Union) to initiate transactions to my (our) account(s) as indicated below at the financial institution named, herein call Financial Institution, to debit (withdraw funds) and/or credit (deposit funds) in the account as shown.

Financial Institution Information where the funds are going

I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

Financial Institution Name			
Legal Name on Account to be Debited and/or Credited			
Routing Number			
Account Number			
Type of Account	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings
Date of Request		Amount	\$

Financial Institution Information where the funds are coming from

I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

Financial Institution Name			
Legal Name on Account to be Debited and/or Credited			
Routing Number			
Account Number			
Type of Account	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings
Date of Request		Amount	\$
Member Signature			

This is a one-time only request, and therefore will not be valid after funds have been transferred.

****ACH Requests must be submitted before 2:00 pm (Mountain Time). Any requests received after this time will be processed the next business day.****

ACH funds are received the next business day.