



Authorization Agreement for A2A Transfers

Member Information

Name: _____

Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Other Financial Institution Information

Financial Institution Name: _____

Routing Number: _____

Account Holder's Name: _____

Account Number: _____

Account Type: Savings Checking Loan

Authorization

I hereby authorize Day Air Credit Union to deposit/withdraw funds to/from the account listed above. I hereby certify that the information is correct and I am authorized to make deposits/withdraws from the account listed above. This authority is to remain in full force and effect until written notice from me has been received by Day Air Credit Union in such a manner as to afford reasonable time to act on it.

Signature: _____ Date: _____

Employee ID and Initials: _____ Date: _____

Verification Attached