



1st Community Federal Credit Union
3505 Wildewood Drive, San Angelo, Texas 76904
325/653-1465 or 800/749-1465

A2A TRANSFERS
RECEIVING FINANCIAL INSTITUTION FORM

Today's Date _____

Member Name _____

Member Account _____

Receiver Account Info:

Account Description _____ (this will display on home banking and mobile app)-member can nickname

Financial Institution Name _____

Financial Institution Routing Number _____

Account Number at other institution _____

Type of Account:

Savings _____ Checking _____ Loan# _____

Account Holder name at other institution _____

I understand the information provided above will be added to A2A "Account to Account" Transfers. This form must be completed at least **three business days** prior to the first transaction being initiated. If any of the above information changes, it is my responsibility to contact the Credit Union in writing to remove the Receiving Account Information. Transfers can only be initiated through home banking.

I agree to the \$10.00 set-up fee for this service and authorize it to be deducted from Account# _____, Savings _____ Checking _____

I will not hold the Credit Union liable if the information provided above is incorrect.

Signature _____ Date _____

REMOVAL OF FINANCIAL INSTITUTION FOR A2A TRANSFERS

I hereby request the above Financial Institution to be removed from A2A Transfers.

Signature _____ Date _____