



## Account to Account Relationship Authorization Form

Name of Outside Financial Institution: \_\_\_\_\_

Routing ABA Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account (i.e. savings, checking, loan): \_\_\_\_\_

I hereby authorize DC Credit Union to initiate debit and credit entries to the account listed above. I hereby certify that I am an authorized account holder of the account listed above. The terms of the DC Credit Union Membership and Account Agreement, including the terms of the Wire Transfers, Automated Clearing House (ACH), and Other Payment Order Transactions, are incorporated into this authorization. I acknowledge that I may not originate ACH transactions to or from my account(s) that violate U.S. law. This authorization is to remain in full force until the credit union has received a written revocation from me and has had a reasonable time to act on it.

Member Name: \_\_\_\_\_

DC Credit Union Account Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please note that debits initiated from your DC Credit Union account will be immediately withdrawn although credits to a Third-Party Financial Institution may be delayed due to processing requirements. Credits from Third-Party Financial Institutions to your DC Credit Union account will not post immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### FOR OFFICE USE ONLY

Signature verified by: \_\_\_\_\_

A2A Account relationship updated by: \_\_\_\_\_ Date: \_\_\_\_\_