



Main Office: 1234 W. Chisholm St., Alpena MI 49707  
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**A2A Authorization/ACH Transfer Request Form**

Account to Account Transfer (A2A) allows members to initiate transfers (ACH debit or credit) between their H.P.C. Credit Union accounts and accounts at other financial institutions. The Credit Union may set up the transfer as requested by a member; or a member may initiate, change, or terminate an A2A transfer through their Online Banking platform. A member must be an owner or joint owner on an account they wish to debit or credit funds to or from. Exceptions may be made on a case-by-case basis by the President & CEO or the EVP/CFO (further authorization/verification may be required).

I own the following account at H.P.C. Credit Union.

H.P.C. Account Number	Type of Account (Savings, Checking, Loan)

I am the owner or joint owner on the following account at another financial institution.

Account Number (including suffix)	Type of Account (Savings, Checking, Loan)	Financial Institution	Routing Number	Account Nickname

**Transfer Information \***

*\*ACH debit transactions cannot be performed from loans at other institutions.*

ACH Transaction Request:

Purpose: \_\_\_\_\_

Transfer to my H.P.C. account (Yes/No) \_\_\_\_\_

Transfer from my H.P.C. account (Yes/No) \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

Effective date of Transfer: \_\_\_\_\_

Frequency (Check one)	
<input type="checkbox"/>	One-Time
<input type="checkbox"/>	Weekly
<input type="checkbox"/>	Bi-Weekly
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Semi-Monthly
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Annually

I certify that the account information above is true and accurate. I request that my H.P.C. Credit Union account be linked and enabled to transfer funds to and from the account listed on this document. I understand that further documentation may be required to verify the information provided on this form. If the transaction is for a reoccurring transfer and the scheduled date falls on a weekend or federal holiday, I understand that the transaction will be processed on the next business day. Reoccurring payments for Mortgages and Home Equity Loans are subject to escrow requirements. This is your notice that there will be a change to your payment annually due to escrow variances. I understand that when I initiate a transfer, the transaction may take up to three business days to process from one account to another. I understand that the origination of ACH transactions to and/or from this account must comply under the rules of the National Automated Clearing House (NACHA) and within the provisions of U.S. law. I hereby release, indemnify, and hold harmless H.P.C. Credit Union from all claims and causes of action of any nature arising by virtue of any such transfer. I acknowledge that I can cancel this authorization by executing and delivering a written cancellation notice request to H.P.C. Credit Union. The Credit Union reserves the right to revoke this authorization at any time.

Member Signature: \_\_\_\_\_

Member Name (Printed) \_\_\_\_\_ Date Requested: \_\_\_\_\_

**For Internal Credit Union Use**

Request By (MSR/Teller ID):	Set Up By (MSR/Teller ID):	Verified By (MSR/Teller ID):	Setup Date:
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