

MONEY MOVER APPLICATION

External Account Transfers



Membership No.: _____

Last Name		First	Middle
Social Security Number		Date of Birth	
Physical Address	City	State	Zip Code
Mailing Address (leave blank if the same)	City	State	Zip Code
Primary Phone Number: Home or Mobile (circle one)	Alternate Phone Number		
eMail Address	Employer / Occupation		

External Account Information

Include a voided check or any supporting documents issued within the past 30 days, such as a statement or a letter from the financial institution, listing you as an account owner. Your acknowledgement authorizes Schools FCU to contact the other financial institution to verify authenticity on the document provided.

Name of Outside Financial Institution	Description (ie... Vacation, Bank of California...)
Routing / ABA Number (9 digits)	Account Number
Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Loan	

CONFIRMATION OF REQUEST

I authorize Schools Federal Credit Union to link my account with the financial institution listed above to initiate debit and credit entries to my account(s). I certify that I am an authorized account holder of the account listed above. The terms of the Schools Federal 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.

Account Holder Signature Date

Submit completed application via email to info@schoolsfcu.org or deliver it to a Schools FCU office.

Date Received / By:	
Processed By:	
Reviewed By:	