

## **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:	Loan	
Authorization		
I hereby authorize Day Air Credit Union to deposit above. I hereby certify that the information is corr deposits/withdraws from the account listed above effect until written notice from me has been received as to afford reasonable time to act on it.	rect and I am author . This authority is to	rized to make o remain in full force and
Signature:	Da	te:
Employee ID and Initials:  Verification Attached	Date:	
verilication Attached [		