Account- to-Account (A2A) Authorization

Member Name: _____

Wakota Account Number _____

Transfer Description: ____A2A (_____)

(Use language to identify other institution)

Other Financial Institution:

Financial Institution Name: _____

Routing Number (ABA): _____

Account Number: _____

Type of Account: ☐ Savings ☐ Checking ☐ Loan

Accountholder Name(s):

_____

Account holder signature:

_____

I authorize Wakota Federal Credit Union to establish account-to-account (A2A) transfers with the above information. I understand that this will allow me to transfer money between my Wakota FCU account and the account listed above. I understand I can access A2A through my Wakota FCU home banking service "It's Me 247". I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law and ACH Rules.

I also understand that deposits will not be credited to my account until they are received from the other financial institution. A2A transfers to or from a Wakota account may incur a fee. Refer to fee schedule for applicable fees.

_____ _____

Member Authorization Date

_____

For Office Use Only

Member Verification: _____ _____

Staff Initials Date

OFAC Verification: _____ _____

Staff Initials Date

A2A Set-up: _____ _____

Staff Initials Date

Additional Information: _____

_____

_____

Management discretion may be used for A2A exceptions – please see wire instructions for member verification procedures.