

# ACH Authorization/ Electronic Funds Transfer (EFT)



**Please read  
before  
signing:**

I (We), the undersigned, hereby authorize Electronic Funds Transfers to be initiated and processed to the accounts indicated below. Adjusting entries to correct errors is also authorized. I (We) further authorize and consent to Infinity Credit Union releasing information about my (our) Infinity Credit Union account to another institution to carry out my (our) instructions for Electronic Funds Services. This authority will remain in effect until I have canceled in writing.

**Member Name**

Account Number

Email

**x** \_\_\_\_\_  
Signature Date

**Withdrawal Information:**

<b>Amount to be withdrawn/transferred</b>	<b>\$</b>	
Financial Institution Name (transfer from)		
Routing Number:	Account Number:	
Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Names as they appear on the withdrawal account _____		

**Deposit Information:**

Financial Institution Name		
Routing Number:	Account Number:	
Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings <input type="checkbox"/> Loan
Names as they appear on the withdrawal account _____		

**Frequency:**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Start Date:</td> </tr> </table>	Start Date:	<input type="checkbox"/> One-time
Start Date:		
<input type="checkbox"/> Weekly- Day _____	<input type="checkbox"/> Bi-Weekly- Day _____	
<input type="checkbox"/> Semi Monthly Date _____	<input type="checkbox"/> Monthly Date _____	

**Please email completed form to [operations@infinitycu.com](mailto:operations@infinitycu.com)**

**202 Larrabee Rd Westbrook, ME 04092  
(207) 854 – 6000 or (800) 499-8401 or email [operations@infinitycu.com](mailto:operations@infinitycu.com)**