

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:

Amount to be withdrawn/transferred	\$	
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 deposit account _____		

Frequency:

Start Date:	<input type="checkbox"/> One-time
<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

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