



100 Swift Street  
East Boston, MA 02128

800.949.7628

**Authorization of Preauthorized Transfer Form**

*Recurring Transfers*

To  From

FIRST PRIORITY CREDIT UNION

Name: \_\_\_\_\_ Account or Loan #: \_\_\_\_\_

To  From

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Name as it appears on your account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: Savings Account  Checking Account

Financial Institution's City and State: \_\_\_\_\_

Amount of Transfer: \_\_\_\_\_

Frequency of Transfer:

Weekly  Monthly  Other: \_\_\_\_\_

I authorize First Priority Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my  Savings Account,  Checking Account or  Loan Account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S Law. This authority will remain in effect until I have cancelled it in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>Internal Use Only</u></b>
Account Number: _____
Start Date: _____
Set Up Date: _____
Approval: _____