



Authorization of Preauthorized Transfer Form

Recurring Transfers  To  From

FIRST PRIORITY CREDIT UNION

Account #: \_\_\_\_\_

To  From

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

Routing Number of Financial Institution: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Financial Institution 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:  checking account,  savings account or  loan account. I acknowledge that the origination of 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: \_\_\_\_\_

\*Please staple voided check to this form

<p>Internal Use Only</p> <p>Account Number _____</p> <p>Start Date _____</p> <p>Set Up Date _____</p> <p>Approval _____</p>
---