



Account-to-Account (A2A) Transfer Set-Up Form

I hereby authorize Ohio Catholic Federal Credit Union to set-up the following financial institutions for A2A transfers:

C.U. Base Account # _____

Member's Name _____

Financial Institution

Financial Institutions Name _____

Financial Institutions Name _____

Routing Number _____

Routing Number _____

Account Number _____

Account Number _____

Savings ___ Checking ___ Loan ___

Savings ___ Checking ___ Loan ___

Financial Institutions Name _____

Financial Institutions Name _____

Routing Number _____

Routing Number _____

Account Number _____

Account Number _____

Savings ___ Checking ___ Loan ___

Savings ___ Checking ___ Loan ___

By signing below, I am authorizing the above financial institution(s) be set-up for A2A Transfers. The Credit Union will not be liable, or otherwise responsible, for any loss resulting from improper information provided by me. Under no circumstances, will the Credit Union's liability in connection with any A2A transfer be more than the amount transferred plus applicable interest.

I acknowledge the following: once a transfer is made, the Credit Union cannot cancel the transfer; transactions may take up to two (2) business days to post to my account.

Member's Signature _____ Date _____

If the account owner, at the other institution, is not our member the owner must be present with identification and a signature will be required.

Account Owner's Signature _____ Date _____

Complete, sign, and send Account-to-Account (A2) Transfer Set-up Form to:

Ohio Catholic Federal Credit Union
c/o Member Services
13623 Rockside Road
Garfield Heights, Ohio 44125

Employee's Initials _____

Date Set-Up _____

Account Verification Attached _____