



## Authorization Agreement for A2A Transfers

### Member Information

Name: \_\_\_\_\_

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

### Receiving Financial Institution Information

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

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

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

Account Holder's Name: \_\_\_\_\_

Account Type:  Saving

Checking

Loan

Transfer Description:

\_\_\_\_\_  
\_\_\_\_\_

### Authorization

I have provided **proof of account ownership with a copy of a statement or voided check** and hereby authorize Gabriels Community Credit Union to deposit/withdraw funds to/from the account listed above. I hereby certify that the information is correct, and I am authorized to make deposits/withdraws from the account listed above. This authority is to remain in full force and effect until written notice from me has been received by Gabriels Community Credit Union in such a manner as to afford reasonable time to act on it.

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

Employee ID and initials: \_\_\_\_\_ Date: \_\_\_\_\_