

Escondido Federal Credit Union

ACH/Transfer Distribution Authorization/Cancellation

Return Form to:

Fax: (760) 746-1189

E-mail: efcu@ci.escondido.ca.us

Mail: P.O. Box 1957

Escondido, CA 92033

I authorize Escondido FCU to [] **distribute** [] **transfer funds** or [] **cancel** a previous authorization from my [] **savings** [] **checking** [] **ACH Direct Deposit** as listed:

From Account	To Account	Amount	Start Date	Freq.	Trans. Description

By signing below, I understand that Escondido FCU will not be responsible for account reconciliation regarding the above listed transfers/distributions/cancellations. If account reconciliation is requested, the applicable charges will be as disclosed in the Account Fee Schedule.

Signature: _____

Date: _____

Print name: _____