



# Everest Federal Credit Union,

37 51 75<sup>th</sup> St, Jackson Heights, NY 11372

## Authorization Agreement for Internal Fund Transfer

I, \_\_\_\_\_, an authorized accountholder on the below referenced accounts, hereby authorize **Everest Federal Credit Union (EFCU)** to transfer the following amount entries to mentioned beneficiary detail account, and **credit** the same to such account.

Authorization will require funds to be available in the account prior to origination to allow reasonable time for processing on the requested date. This authorization will remain in full force and effect until **EFCU** has received written authorization of its termination.

(Transfers from Account of EFCU) [तपाईंको खाता बाट पैसा पठाउनु]

**Account Holder Name:** \_\_\_\_\_

Account Number \_\_\_\_\_ Type of Account:  Checking  Savings

Effective Date of First Debit\* \_\_\_\_\_ Total Debit Amount \$ \_\_\_\_\_

**If you want to transfer regular amount to your mentioned account:** \_\_\_\_\_

Frequency of Debit:  One Time Debit  **Weekly**  Bi-Weekly  Monthly

(Transfers to the Account of EFCU) [ तपाईंको खातामा पैसा पाउनु]

Account holder Name \_\_\_\_\_

Account Number \_\_\_\_\_ Type of Account:  Checking  Savings  Loan

Total Credit Amount \$ \_\_\_\_\_

### Disclaimer

EFCU will make every effort to process, transmit or settle entries in a timely manner and in accordance with Fund Transfer operating rules. From time to time, EFCU may need to temporarily suspend processing of a transaction, which might result in delayed settlement and/or availability of entries.

EFCU shall be liable only for its gross negligence or willful misconduct in performing these services. We will not be liable, for instance, if:

- Your account has insufficient funds to complete the transfer;
- The funds are subject to legal processes or other encumbrances restricting such transfer;
- Such transfer would exceed an established credit limit; or
- Circumstances beyond our control (such as flood, fire, computer breakdown) prevent the transfer, despite reasonable precautions we have taken.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

### FOR CREDIT UNION USE ONLY:

OFAC List Checked (Sender and Receiver)

Authorization Taken by \_\_\_\_\_ Branch Location New York Date & Time \_\_\_\_\_

Completed by \_\_\_\_\_ Date & Time \_\_\_\_\_

