



MAIN OFFICE
3 S. 555 Winfield Road
Warrenville, IL 60555
800.983.6828

Account 2 Account (A2A) Relationship Authorization Form

Account Information

Name of Outside Financial Institution: _____
Routing ABA Number: _____
Name on Account: _____
Account Number: _____
Type of Account (i.e. savings, checking, loan): _____
Account Description (i.e. Jon's College Savings): _____

Authorization Agreement

I hereby authorize NorthStar Credit Union to initiate debit and credit entries to the account listed above. I hereby certify that I am an authorized account holder of the account listed above. The terms of the NorthStar CU Membership and Account Agreement, including the terms of the Wire Transfers, Automated Clearing House (ACH), and Other Payment Order Transactions, are incorporated into this authorization. I acknowledge that I may not originate ACH transactions to or from my account(s) that violate U.S. law. This authorization is to remain in full force until the credit union has received a written revocation from me and has had a reasonable time to act on it.

Signature

Member Name: _____ NorthStar CU Acct#: _____
Authorized Signature: _____ Date: _____
Daytime Phone Number: _____

Please note that debits initiated from your NorthStar CU account will be immediately withdrawn although credits to a Third-Party Financial Institution may be delayed due to processing requirements. Credits from Third-Party Financial Institutions to your NorthStar CU account will not post immediately.

For Office Use Only	Rev. 3/16/17
Signature verified by: _____	Voided check/bank statement attached: _____
A2A account relationship updated by: _____	Date: _____