



1400 Franklin  
Houston, TX 77002  
713-755-5160  
www.hcfcu.com

**Account 2 Account (A2A) Relationship Authorization Form**

**Account Information**

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

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

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

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

Checking

Savings

A voided check or deposit slip must be submitted for verification purposes.

**Authorization Agreement**

I hereby authorize Harris County Federal 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 Harris County FCU Membership and Account Agreement, including the terms of the Wire Transfers, Automated Clearing House (ACH), and Other Payment Order Transactions section, 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 and effect until the credit union has received a written revocation from me and has had a reasonable time to act on it.

**Signature**

Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_

**Please note that debits initiated from your HCFCU account will be immediately withdrawn although credits to Third-Party Financial Institution may be delayed due to processing requirements.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

For Credit Union Use

Signature verified by: \_\_\_\_\_

Additional verification if not received in person: \_\_\_\_\_

A2A account relationship updated by: \_\_\_\_\_ Date: \_\_\_\_\_