Western Division Federal Credit Union
6750 Main Street • Williamsville, NY 14221
Ph: (716) 632-9328 • Fax: (716) 632-1383
www.westerndivision.org

ACCOUNT-TO-ACCOUNT (A2A) AUTHORIZATION

This free-service feature allows you to transact credit and debit entries between your accounts at Western Division and your other Financial Institution. We will confirm with you once the A2A has been established for your use. Note: requests are processed during normal business hours Monday-Friday (excluding holidays).

WESTERN DIVISION MEMBER INFORMATION

Member Name: _____

Member/Account #: _____

OTHER FINANCIAL INSTITUTION INFORMATION

Name on Account: _____

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Account #: _____ Routing #: _____

Choose an account: ☐ Checking Account   ☐ Savings Account

REQUIRED: Provide documentation as proof of your Financial Institution account: Account Statement or Voided Check (A Debit Card is not acceptable). The Proof MUST include your Name and Account #.
Send by: Text (716) 632-9328; Fax (716) 632-1383 or memberservice@westerndivision.org or a branch location.

I am authorized to make this request and authorize Western Division to initiate debit and/or credit entries (ACH) to the account(s) listed above, of which I certify that I am an authorized account holder for each. I further authorize Western Division to initiate correcting entry(s) and adjustment(s) for any transactions processed in error using the account information provided, or for transactions that are returned unpaid, for which a Return Item Fee will be accessed. The terms of the Western Division Membership and Account Agreement and EFT Agreement are incorporated into this Authorization.

I certify that all information above is correct and accurate. I understand that this Authorization will remain in full effect until Western Division receives written notification from me of its termination is such time as to afford reasonable opportunity to act on it.

Signature: _____ Date: _____