

Electronic Funds Transfer (EFT) Authorization Form

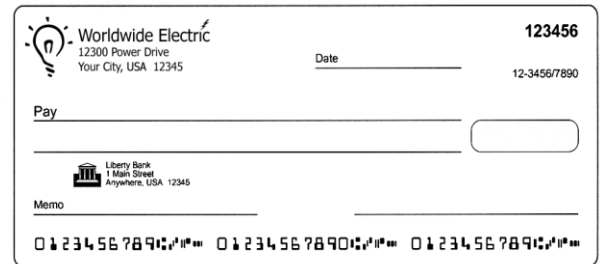
Name on the account at the other Financial Institution: _____

Name of the other Financial Institution: _____

Option 1 - Checking Account Information

- Please withdraw the funds from my Checking Account
- Please deposit the funds to my Checking Account

PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT NUMBER VERIFICATION



Routing # Account # Check #

Account # _____

Routing & Transit Number _____

Option 2 – Savings Account Information

- Please withdraw the funds from my Savings Account
- Please deposit the funds to my Savings Account

Account # _____

Routing & Transit Number _____

Initial Amount: _____ (This amount is subject to change on adjustable rate loan payments made to PFCU.)

Funds to be withdrawn or deposited:

- Monthly on the ____ of each month beginning _____, 20__
- Semi Monthly on the ____ and ____ of each month beginning _____, 20__
- Weekly beginning on _____, 20__
- Bi Weekly beginning on _____, 20__

Distribution to PFCU Account(s):

Savings Acct #	Amount \$	Savings Acct #	Amount \$
Checking Acct #	Amount \$	Checking Acct #	Amount \$
Loan Acct#	Amount \$	Loan Acct#	Amount \$

www.mypfcu.org 847.MYPFCU1 / 847.697.3281

Morton Grove Office
 5940 Lincoln Avenue
 Morton Grove, IL 60053
 847.675.6847

Barrington Office
 455 West Northwest Highway
 Barrington, IL 60010
 847.381.5062

Des Plaines Office
 1001 East Touhy Avenue
 Des Plaines, IL 60018
 847.699.1606

Kenilworth Office
 642 Green Bay Road
 Kenilworth, IL 60043
 847.256.8419



*Our most important
Partner is you.*

Authorization Agreement

I hereby authorize Partnership Financial Credit Union to initiate withdrawals/deposits electronically from/into my Financial Institution. This authorization is to remain effective until Partnership Financial Credit Union has received written notification from me of its termination. Notice should be received in time and in such a manner as to afford Partnership Financial Credit Union a reasonable opportunity to act on it. Partnership Financial Credit Union reserves the right to cancel this agreement at any time without prior notice. A return fee may be applied to any returned items.



Signature of Account Owner

Date

Office Use Only: Batch Name _____ Group Code _____

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