



TRI-TOWN TEACHERS FEDERAL CREDIT UNION

“THE CARRIAGE HOUSE”
61 JESUP ROAD
WESTPORT, CT 06880
Web address: www.tttfcu.org

ACH ORIGATION TRANSFER FORM

Telephone: 203 227-8511
Fax: 203 227-0266
Email: info@tritownteachers.org

ACH ORIGATION INSTRUCTIONS

INSTRUCTIONS FOR MEMBERS WHO WISH TO HAVE MONEY TRANSFERRED FROM or TO THEIR ACCOUNTS AT TTTFCU, (electronically). Complete and submit to us.

In order to set this up, we will need the following information:

From TTTFCU to another institution:

1. Your account number _____ (Savings/Checking) at TTTFCU. Contact # _____ if questions.
2. Name _____ & Routing number: _____ of the Financial Institution, Account Name _____, Account # _____ Type _____ for account money is being transferred to, (Checking / Savings, Loan, etc.).

To TTTFCU from another institution:

1. Name _____ & Routing number: _____ of the Financial Institution, Account Name _____, Account # _____ Type _____ for account money is being transferred from, (Checking / Savings, Loan).
2. Your account number _____ (Checking / Savings, Loan, etc.) at TTTFCU. Contact # _____ if questions.

I authorize TTTFCU to set up this Transfer of \$ _____,
 With a frequency of: _____. Specify One-time,
 Monthly, bi-weekly, or other period. Beginning Date: _____.
 Your Signature _____ End Date: _____.

If you have any questions, please call us at the number above.