



"THE CARRIAGE HOUSE"
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WESTPORT, CT 06880
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ACH ORIGATION TRANSFER 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.