



MIAMI FIREFIGHTERS
Federal Credit Union

**A2A – Account to Account / On-line Check Deposit
Enrollment Request**

A2A

On-line Check Deposit

Member Name: _____

Joint Member: _____

Member Number: _____

Contact Number: _____

Thank you for your enrollment request! You authorize the credit union to obtain any information necessary to process this request including a credit report. We will contact you regarding your request within 2 business days.

Applicant's Signature* _____ Date _____

Joint Member Signature* _____ Date _____

Fax completed form to: 305-324-7585.

For Credit Union Use Only:

Approved

Declined

Credit Score: _____

A2A Limit: _____

On-line Deposit Limit: _____

Approved By: _____

Date: _____

*Signature verification required.