



P.O. Box 1071 | Poughkeepsie, NY
845.463.3011 | hvcu.org

Member Number: _____	Share ID: _____
<input type="checkbox"/> Deposit/Payment	<input type="checkbox"/> Withdrawal

AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

Member name: _____
 (Last) (First) (Middle Initial)

Contact Phone: (____) _____ Fax Number: (____) _____

New Authorization Cancel Authorization Change Existing Authorization
 (Minimum of 3 business days notice required for changes or cancellations to recurring payments)

FINANCIAL INSTITUTION INFORMATION (Not HVCU)
 *member named above must be on this account for withdrawal transactions

Check one: Checking Money Market Deposit/Payment
 Savings Loan (fixed amount) Withdrawal

Name of Financial Institution City State

Financial Institution Routing Number Account number or MICR number

Name of Account Holder. (if different from above) If this is a business account, the relationship of the requestor must be noted, for example "signer".

Processing Information:

Please process this transaction in the following manner:

Weekly Bi-weekly Semi-monthly Monthly One time

Transaction is to be conducted on the _____ day(s) of the month, beginning in _____, for the amount of \$ _____ (\$5,000.00 maximum aggregate per business day for personal accounts, for business accounts there is no maximum).

For semi-monthly transactions, please indicate the monthly transaction dates: _____

For weekly and biweekly transactions, please indicate the transaction day: _____

I authorize the Hudson Valley CU to initiate an ACH deposit/fixed payment to/from my account at the financial institution named above. This authority will remain in effect until I notify Hudson Valley CU, in writing or via telephone at 845-463-3011, to cancel/change the authorization, with sufficient time to allow Hudson Valley CU an opportunity to act on it. I acknowledge I have received a copy of this authorization. Any amount of \$1,950.00 or more received into your account or line of credit at HVCU will be held for three business days. If your membership was established within the last 30 days all amounts deposited into your account at HVCU will be held for three business days.

Member Signature: _____ Date: _____

COMPLETED FORM MAY BE FAXED TO: 845-432-3393

Credit Union Use Only	
Completed and sent to Payment Services by: _____ / _____	Telephone entry: _____ / _____ / _____ Time: _____
Contact Center Use Only: <input type="checkbox"/> Accept <input type="checkbox"/> Refer <input type="checkbox"/> Unable	