HudsonValley®
FEDERAL CREDIT UNION
P.O. Box 1071 | Poughkeepsie, NY | 12602-1071
845.463.3011 | hvfcu.org

Member Number: _____ Share ID: _____

☐ Deposit/Payment ☐ 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 HVFCU)
*member named above must be on this account for withdrawal transactions

Check one:
☐ Checking ☐ Money Market
☐ Savings ☐ Loan (fixed amount)

Check one:
☐ Deposit/Payment
☐ 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 $_____($5000.00 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 FCU 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 HVFCU, in writing or via telephone at 845-463-3011, to cancel/change the authorization, with sufficient time to allow HVFCU an opportunity to act on it. I acknowledge I have received a copy of this authorization.**

_____ _____
Member Signature Date

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

Credit Union Use Only

Completed and sent to Network Services by: _____/_____ Telephone entry: _____/_____/_____ Time: _____

**Contact Center Use Only:** ☐ Accept ☐ Refer ☐ Unable ***Launch Precise ID***