



**HudsonValley<sup>®</sup>**  
**CREDIT UNION**

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  
 Savings     Loan (fixed amount)

Check one:

- Deposit/Payment  
 Withdrawal

Name of Financial Institution	City	State
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Financial Institution Routing Number	Account number or MICR number
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**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. Please note that any amount of \$2,500 or more received into your account or line of credit at HVCU will be available to you after 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: _____
<b>Contact Center Use Only:</b>	
<input type="checkbox"/> Accept <input type="checkbox"/> Refer <input type="checkbox"/> Unable	