



HudsonValley[®]
CREDIT UNION

P.O. Box 1071 | Poughkeepsie, NY | 12602-1071
845.463.3011 | hvcu.org

Member Number:

Credit Card Number:

Credit Cards - Request for Automatic Payment

Member's Last Name:

First Name:

Middle Initial

Contact Phone:

Financial Institution

Name of Financial Institution

City

State

Checking or Savings Account Number:

Routing Number (for non HVCU Accts):

Account Holder Name:

Processing Information

Initiate Change Cancel

Fixed Amount of: \$

If this amount is less than the minimum payment amount,
the minimum payment amount will be used.

Last Statement/Minimum Payment Due

Last Statement Balance

**You will be notified via your credit card statement when the automatic payment will begin.
The payment will be debited 3 days prior to the due date listed on your statement.**

PLEASE NOTE:

If you are changing a pre-existing auto-pay, the change will not take effect until the next billing cycle/statement.

Member's Signature

Date

Original Authorization MUST be faxed to Payment Services at (845) 463-5659

FOR CREDIT UNION USE ONLY:

Completed By:

Initials

Operator ID

OFAC:

Initials

Operator ID