

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

Credit Union Use Only	
File	
Number:	Year:
Premium Paymer	nt Premium Reimbursement

AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS Retiree Name: (First) (Middle Initial) Cell Phone: () Home Phone: () ☐ Cancel Authorization Change Existing Authorization New Authorization (Minimum of 3 business days notice required for changes or cancellations to recurring payments) FINANCIAL INSTITUTION INFORMATION (Not HVCU) Check one: Check one: Checking Money Market **Premium Reimbursement Premium Payment** Savings Name of Financial Institution City State **Account number or MICR number Financial Institution Routing Number** Name of Account Holder (if different from above). *Retiree named above must be on this account for withdrawal transactions **Processing Information:** Please process this transaction in the following manner: Monthly (Premium Payment only) Quarterly (Premium Reimbursements only) Date: Amount: Monthly payments will debit on the first of each month. Quarterly reimbursements will be processed the first month of the quarter. I authorize Hudson Valley Credit Union 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 HVCU, in writing or via telephone at 845-463-3011, to cancel/change the authorization, with sufficient time to allow HVCU an opportunity to act on it. I acknowledge I have received a copy of this authorization. Date Retiree Signature **COMPLETED FORM MAY BE FAXED TO: (845) 240-7189** Email: benefits@hvcu.org Credit Union Use Only HR sent to Payment Services by: _____/ Date:____ Payment Processed by Op#: / Date:

HVCU CONFIDENTIAL Rev. 09/25/20