

Automatic Transfer Authorization Form

Circle One: Add Delete Change *(Please indicate change below)*

Member Name: _____ Member Number: _____

Transfer **FROM** Member Number: _____ Amount: \$ _____

Transfer **TO** Member Number: _____ Effective Date*: _____

**Allow 2-3 days for processing*

Transfer Schedule *(Please circle a weekday for a weekly automatic transfer or a calendar date for a monthly automatic transfer.)*

Weekday: Monday Tuesday Wednesday Thursday Friday

OR

Calendar Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

If the date selected is not a business day, the transfer will occur on the next business date.

If the 29th or 30th is selected, the February transfer will occur on the last business day of the month.

I authorize Mid-Hudson Valley Federal Credit Union to automatically process this transfer on the date or day and for the full amount requested. I understand that the only method to change or cancel this transaction is in writing and there will be no partial transfers. I further understand that I will not be notified if the transfer cannot be made due to insufficient funds.

Member's Signature: _____ Date: _____



Mid-Hudson Valley Federal Credit Union

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