Electronic Deposit/Withdrawal Agreement Authorization

Form Instructions:

1. Complete all applicable fields
2. Print completed form
3. Sign and date the **Signature** section
4. Send to: SECNY Federal Credit Union
   Attn: ACH
   4727 West Seneca Turnpike
   PO Box 15040
   Syracuse, NY 13215
   OR fax to: (315) 469-5921

Member Information:

_____ _____ _____
Last Name First Name Member Number

_____
Social Security Number

Transaction Information: Complete the section below after verifying correct routing and account number information at receiving Financial Institution. Then complete payment options and sign below.

DEPOSIT to: ☐ Checking ☐ Savings Account or ID# _____

_____ _____ _____
Routing Number Financial Institution Phone Number

WITHDRAW from: ☐ Checking ☐ Savings Account or ID# _____

_____ _____ _____
Routing Number Financial Institution Phone Number

Payment Amount/Frequency Information:
Note: SECNY Federal Credit Union requires receipt of this form **15 days** before the start date.

_____ _____
Amount Start Date

_____
Stop Date

Select Frequency

- ☐ **Monthly,** on (day #) _____
- ☐ **Semi-Monthly,** on (day #1) ____ (day #2) ____
- ☐ **Bi-Weekly,** (day #1) _____
- ☐ **Weekly,** (day #1) _____

Note: Funds must be available the day before the delivery date. Otherwise, funds will not post on the settlement date listed above.

Terms and Conditions
This authorization is to remain in effect until SECNY FCU has received notification from me (or joint owner) in writing of its termination in such time and manner as to afford the credit union a reasonable opportunity to act on it. If necessary, I authorize SECNY FCU to make debit or adjustment entries for credits made in error. If selected date falls on a holiday or weekend, funds will be posted the next available business day.

Signature
I (we) authorize SECNY Federal Credit Union to originate the ACH transactions selected above.

_____ _____ _____
Signature Today's Date Daytime Phone Number