

Prenote Date: \_\_\_\_\_

Batch Name \_\_\_\_\_

# Direct Pay Authorization Form

Send/Fax this notice to Hannaford Associates Federal Credit Union

FAX (207) 883-8629

Mail Code: 1440

<b>A</b> Last Name: _____ First Name: _____ Member #: _____ Phone #: _____	
<b>B</b> (select only one)      To (debit): <input type="checkbox"/> or From (credit): <input type="checkbox"/> Hannaford Associates Federal CU ABA: <b>211288598</b> Member #: _____ Savings: <input type="checkbox"/> Checking: <input type="checkbox"/> Loan: <input type="checkbox"/> <i>(please include suffix, -1 for savings, -71 for checking, L1 for loan, etc)</i>	
<b>C</b> (select only one)      To: <input type="checkbox"/> or From: <input type="checkbox"/> Financial Institution (F.I.) Name: _____ F.I. City: _____ State: _____ Zip: _____ F.I. Transit Routing/ABA #: _____ <i>(number between these symbols 1: :1 on bottom left of your checks)</i> <i>(if savings or loan, call your F.I. for Routing Number)</i> Account Name: _____ Account #: _____ Savings: <input type="checkbox"/> Checking: <input type="checkbox"/> Loan: <input type="checkbox"/>	
<b>D</b> Amount: \$ _____ Scheduled Date: _____ Start Date: _____ Frequency: Monthly: <input type="checkbox"/> Weekly: <input type="checkbox"/> Bi-weekly: <input type="checkbox"/> One-time: <input type="checkbox"/>	

I authorize Hannaford Associates FCU to initiate debit/credit entries to my savings/checking/loan account in the amount requested and on the date specified to/from the below named financial institution to credit/debit my account with Hannaford Associates FCU. This authority will remain in effect until I notify you in **writing**, three (3) business days in advance of the debit/credit. I understand that the cancellation will take effect at the next scheduled date if I am not within the stated time frame. I understand that I can stop payment of any request by notifying the below named financial institution three (3) business days before my account is charged.

**Member's Signature:** **X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail to:**  
**Hannaford Credit Union**  
**P.O. Box 1440**  
**Portland, ME 04104**  
**FAX to: (207) 883-8629**

**Interoffice to:**  
**Hannaford Credit Union**  
**Mail Sort 1440**

**Email: hafcu@hannafordcreditunion.com**

## Form H04



**Hannaford Associates Federal Credit Union**

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 www.hannafordcreditunion.com