



June 1, 2023

From: Department of New York Quartermaster  
To: Distribution

Subj: Authorization Agreement for Automatic Deposits (ACH CREDITS)

1. The Department of New York VFW has determined that the increase in postage rates in addition to the additional cost of paper checks, envelopes and manhours in the issuing of payments to members and vendors needed to be addressed. As a corrective measure to reduce expenses for the Department, Headquarters will begin utilizing ACH payments to both our members and vendors with whom we do business.
2. You will find enclosed an Authorization Agreement for Automatic Deposits (ACH Credits) which is being provided to allow you or your post to sign up and allow the department of NY VFW to make deposits and credits to any checking or savings account you designate. We strongly encourage you to use this method for receiving payments from the Department in the future. The form can be photocopied if additional applications are required.
3. Please complete the enclosed completely and return it to Department Headquarters, 69 Sand Creek Road, Albany, NY 12205 or e-mail or fax as indicated on the form. Ensure a voided or cancelled check is included in your submission. If you have any questions, you may contact me at 518-414-2605 or e-mail at [dmcMahon@vfwny.com](mailto:dmcMahon@vfwny.com).

A handwritten signature in black ink that reads "Daniel B. McMahon". The signature is written in a cursive style.

encl.

Daniel McMahon  
State Quartermaster

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

**Attention Quartermasters & ACH Participants**

An email notification will be sent to an ACH participant (if one has been provided) for each ACH Deposit or Credit that has been transmitted providing the date of the deposit and amount. It is strongly encouraged that you provide a valid e-mail address below.

VFW POST/DIST  
OR AUX NAME \_\_\_\_\_

TAX ID  
NUMBER \_\_\_\_\_

I (we) hereby authorize the Veterans of Foreign Wars of the United States, Department of New York, hereinafter called VFW Dept of NY, to initiate credit entries and to initiate, if necessary, debit\* entries and adjustments for any credit entries in error to our ( ) Checking or ( ) Savings account (**select one**) indicated below and the depository names below, hereinafter called DEPOSITORY, to credit and/or debit\* the same to such account.

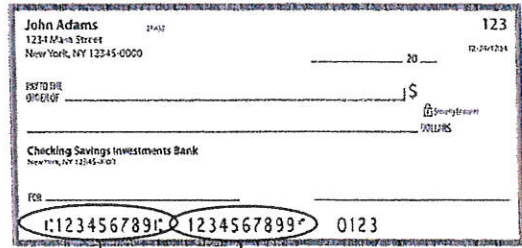
**DEPOSITORY/BANK**

NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_



Routing #      Account #

ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until VFW Dept of NY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford VFW Dept of NY and Depository a reasonable opportunity to act on it.

**POST QUARTERMASTER or PARTICIPANT**

NAME \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Be advised, it takes approximately one (01) week to process, therefore, it is important to return this form as soon as possible.

**FOR DIRECT DEPOSIT, PLEASE MAIL, E-MAIL OR FAX THIS COMPLETED FORM TO:**

Department of New York VFW  
69 Sand Creek Road  
Albany, New York 12205  
E-Mail: [AdjutantDNY@vfwny.com](mailto:AdjutantDNY@vfwny.com)/FAX 518-426-8004

**PLEASE ATTACH A VOID OR CANCELLED CHECK HERE**

\* Debits will only be initiated to correct an error. Under no circumstances will the Debit exceed the error amount. Applications will not be processed if there is no void or cancelled check attached.