LUTHERAN FEDERAL CREDIT UNION

Automated Loan Payment Authorization

In order to ensure proper processing, please make sure to complete the form in entirety.
Forms will be processed same business day if received by 2:30 pm CT

Loan Details:

Member Name(s) and Member #: _____

Daytime Phone Number: _____

Loan Number: _____ Loan Type: _____

Contractual Loan Payment amount: _____ Next Due Date: _____

Payment Details: ***(must choose one for each number below)***

1. Choose One: ☐ New Authorization ☐ Change to Existing Authorization
2. Choose One: ☐ Single Payment* ☐ Recurring Payment *(if recurring, choose from one below)*
   Frequency: ☐ Monthly ☐ Twice per month
3. Choose One: ☐ Process Today ☐ Next Due Date ☐ Specific Date(s) _____

Choose from a LutheranFCU account OR from another financial institution:

☐ *Option 1* - Transfer from your LutheranFCU account

LutheranFCU checking or savings account #: _____

Choose: ☐ Full Monthly Payment ☐ Fixed Payment Amount: _____

☐ *Option 2* - ACH Transfer from another financial institution

Choose: ☐ Full Monthly Payment ☐ Fixed Payment Amount: _____

Name of Financial Institution: _____

Name(s) as shown on the account: _____

Routing Number (Nine Digits): _____

Account Number: _____ ☐ Checking ☐ Savings

***For single payment authorizations, a $5.00 processing fee will be applied. Fees are not applicable for recurring payments.**

By signing, I agree to all terms and conditions. I also acknowledge that any incorrect information on this form may delay processing and could result in additional accrued interest and late fees. Any returned items are subject to a $20.00 return fee that will be deducted from the primary share account.

Signature Required: _____ **Date:** _____

Fax form to (314) 394-2799 or Email to operations@lutheranfcu.org

Credit Union Use Only:

Date Received: _____ Processed By: _____ Verified By:_____