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 3:30 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:_____