



**Automated Credit Card Payment Authorization**

*In order to ensure proper processing, please make sure to complete the form in entirety.*

**Credit Card Details:**

Member Name(s) and Member #: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
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
- 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:     Min Monthly Payment     Full Statement Balance     Fixed amount: \_\_\_\_\_
- Option 2* - ACH Transfer from another financial institution  
Choose:     Min Monthly Payment     Full Statement Balance     Fixed amount: \_\_\_\_\_  
(Not to exceed \$1,000.00)  
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 [memberservices@lutheranfcu.org](mailto:memberservices@lutheranfcu.org)

Credit Union Use Only:

Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_ Verified By: \_\_\_\_\_