



**Automated Loan Payment Authorization**

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

**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: \_\_\_\_\_  
(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 [operations@lutheranfcu.org](mailto:operations@lutheranfcu.org)

Credit Union Use Only:  
Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_ Verified By: \_\_\_\_\_