

Member Acct. # _____

Member Name: _____

Member Phone Number: _____

New Change Cancel

AUTHORIZATION AGREEMENT FOR AUTOMATIC MORTGAGE PAYMENTS

Account Payments from an LBS Financial Account

I authorize LBS Financial Credit Union to process automatic mortgage loan payments each month in the amount of \$ _____ from my Share Savings or Share Draft account #: _____ Suffix _____ to Account #: _____ Suffix _____ on the 1st of the month 5th of the month 10th of the month 15th of the month beginning _____ and continuing until further notice.

Member Signature: _____ Date: _____

This agreement is for Share Savings or Share Draft account transfer to a mortgage loan only and will be processed only on the loan transfer date requested above.

Automatic Payments from an Account at Another Financial Institution

Company Name: LBS Financial Credit Union Company ID Number: 1951644568

LBS Account # _____ Loan Suffix #: _____ Amount: \$ _____ Effective Date: _____

I (we) hereby authorize LBS Financial Credit Union, hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Share Draft account indicated at the depository financial institution named below, hereafter called DEPOSITORY, to debit the same to such account and apply the funds to my mortgage loan indicated above. I (we) acknowledge that the origination of ACH transactions to account holder(s) account must comply with all applicable regulations and laws.

From: (Depository Name) _____

City _____ State _____ Zip _____

Routing Number: _____ Account Number: _____

I am requesting that the debit from my account and payment to my mortgage loan takes place on the following day of each month.

1st of the month 5th of the month 10th of the month 15th of the month

This authorization is to remain in full force and effect until LBS Financial Credit Union has received written notification from account holder(s) of its termination in such time and in such manner as to afford LBS Financial Credit Union and DEPOSITORY institution a reasonable opportunity to act on it.

Signature: _____ Date: _____

Depository I.D. Number: _____

PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING A NEW, CHANGE OR CANCELLATION REQUEST

I understand that the Preauthorized Funds Transfer Authorization Agreement is subject to termination if the Credit Union receives three (3) insufficient funds return notices from the Depository institution. Returned items are subject to a Non Sufficient Fund (NSF) fee per returned item. See Fee Schedule for current NSF Fees.

I (we) acknowledge receiving a copy of the Electronic Services Disclosure and Agreement _____
Initial

Attached below is a voided check deposit slip showing the institution routing number and account number.

ATTACH VOIDED CHECK/DEPOSIT SLIP HERE

Received by Credit Union:

Date: _____ By: _____
Credit Union Employee Printed Name Required

Time: _____ Date Mailed: _____

For Salary Plan and Electronic Accounts Department Use Only:

Date Flag Set: _____ LBS Financial Employee Name: _____