

Member Acct. # _____

Member Name: _____

Member Phone Number: _____

New Change Cancel

AUTHORIZATION AGREEMENT FOR AUTOMATIC CONSUMER LOAN PAYMENTS

LOAN TRANSFER AGREEMENT

I authorize LBS Financial Credit Union to process loan payments (LTA) each month in the amount of \$ _____ from my
 Share Savings or Share Draft/Checking Account #: _____ Suffix _____ to Account #: _____ Suffix _____
 on the _____ day of each month beginning _____ and continuing until further notice.

Member Signature: _____ Date: _____

This agreement is for Share Savings or Share Draft/Checking account transfer to loan only and will be processed on loan due date and daily thereafter until full payment is transferred. If the total amount due is not available in your account, we will take any amount available until the full payment is satisfied.*

*Partial payment does not apply to Visa payments. For automatic payments on a home loan, please use Authorization Agreement for Automatic Mortgage Payments.

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 consumer loan indicated above on the _____ day of each month and continuing until further notice. 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: _____

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: _____

