



Automated Credit Card 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 2:30 pm CT*

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 operations@lutheranfcu.org

Credit Union Use Only:

Date Received: _____ Processed By: _____ Verified By: _____