Automatic Loan Payment Authorization

Loan Account Number: _____   **Suffix:** _____

Amount of payment: $_____

Debit Account Number: _____   **Suffix:** _____

Date to start debits: _____

Frequency *(please choose one)***:** ☐ Weekly   ☐ Bi-Weekly   ☐ Semi-Monthly*   ☐ Monthly   ☐ Demand

*If choosing Semi-Monthly please choose two transfer days _____   _____

I authorize the Lebanon Federal Credit Union ("Credit Union") to deduct my loan payment, from my LFCU account, automatically at the specified frequency, dollar amount, and date(s) listed above. If a payment amount is not listed, the minimum payment amount due will be used. I understand and agree to allow the Credit Union to adjust my preauthorized payment amount in accordance with the terms and conditions of the loan.

Member Signature_____   **Date**_____

Member Name_____

Employee Initials/#_____