

**AUTOMATIC PAYMENT OPTION
AGREEMENT FOR PREAUTHORIZED PAYMENTS**



We offer automatic bank draft whereby your payments can be electronically transferred directly to us each month. This service is **FREE** to you. It will **SAVE** you time and money by reducing the hassle of mailing payments – no more stamps!

To initiate this service, simply:

- Return the completed form below and include a voided check from the account you wish to draft.
- Please allow 4 to 6 weeks for your *Automatic Payment* to become effective. In the meantime, please continue to make your regular payments.

If you have any questions, please contact us at 214-273-5094 or 1-800-851-5132.

(Cut along dotted line)

Name	LCFCU Account Number
Street Address	Type of Account (please check one) <input type="checkbox"/> savings <input type="checkbox"/> checking <input type="checkbox"/> loan <input type="checkbox"/> other
City, State, Zip Code	Daytime Phone Number

Please select the automatic payment option you wish to utilize:

- Debit my account at another financial institution to make my LCFCU loan payment.

Monthly Loan Payment Amount: _____

Loan Due Date: _____

- Debit my account at another financial institution to make a regular deposit to my LCFCU savings account.

Monthly Transfer Amount: _____

Transfer Date: _____

I authorize Las Colinas Federal Credit Union to initiate debit and/or credit entries to my account listed below, and I request and authorize the financial institution named below to accept and honor the same. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until LCFCU has received written notification from me of its termination in such time and manner as to afford LCFCU a reasonable opportunity to act on it.

Financial Institution Information	
Name of Financial Institution	Financial Institution Phone Number
Name(s) on Account	Account Number
Type of Account (please check one) <input type="checkbox"/> savings <input type="checkbox"/> checking	9-digit Financial Institution Routing Transit Number/ABA#
Signature/Date (must be an authorized signer on the above named account)	

ATTACH VOIDED CHECK HERE

Mail completed information to:

Las Colinas FCU
Attn: Accounting
PO Box 630347
Irving, TX 75063-0347

Or fax to:
214-273-7111