

Member Acct. # _____

Member Name: _____

Member Phone Number: _____

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

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

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 as indicated below. I (we) acknowledge that the origination of ACH transactions to account holder(s) account must comply with all applicable regulations and laws.

Loan # _____ Suffix #: _____ Amount: \$ _____ Beginning Date: _____ New Change

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: _____
(Salary Plan and Electronic Accounts Department Use Only)

PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING A NEW OR CHANGE 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 fee per returned item. Please refer to LBS Financial Credit Union's Fee Schedule for current fee.

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

A VOIDED CHECK CONTAINING THE SAME INFORMATION AS STATED ABOVE MUST BE ATTACHED.

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 partial*/full payment is transferred.
*Partial payment does not apply to Mortgage and VISA payments

ACCOUNT TRANSFER AGREEMENT

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

Member Signature: _____ Date: _____

FOR OFFICE USE ONLY

Transfer from Shares: S01 S02 S05 S10 S15 S20 S25

Transfer from Share Draft: D01 D02 D05 D10 SD15 D20 D25

Share to Share transfer only (Processed on the last business working day of the month): LBSLD

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: _____

