



MyAccount

Lutheran Church
Extension Fund 

PO Box 229009 • St. Louis, MO 63122-9009
1-800-843-5233 • www.lcef.org

MyAccount ACH Setup Authorization

This form must be used to authorize future ACH (Automated Clearinghouse) transfers from another financial institution into your LCEF account. This form is valid only for existing **MyAccount** users or when accompanying a new **MyAccount** Application. **Please complete and sign this form and attach a void check or deposit slip.** If more than one financial institution account will be used, complete a separate form for each account. Return the form(s) to the address above or via fax to (314) 996-1129.

Notification will be sent to you stating the first available date for funds transfer. If you have questions concerning this form, please call 1-800-843-5233.

MyAccount User Name: _____

Organization Name (if applicable): _____

SS Number or Tax ID Number: _____ E-mail Address: _____

Phone: Business _____ Home _____

Withdrawal Account Information

Financial Institution Name: _____

Financial Institution Account Number: _____

Checking Account Savings Account

Financial Institution Routing Number (nine digits): _____

Individual/Organization Name(s) on Account: _____

Electronic Deposit

I authorize LCEF to initiate future withdrawals from the checking or savings account described above for deposit into an existing LCEF account. This ACH transfer service will be activated only when **MyAccount** is used to request funds transfers into a designated LCEF account.

ATTACH VOID
CHECK OR
DEPOSIT SLIP
HERE.

Signature Required (The individual, congregation or organization MyAccount user must sign.)

By signing this application, I certify that:

- I understand this ACH Setup Authorization will remain effective until revoked in writing. Upon future activation of this ACH transfer feature, I authorize LCEF to initiate any correcting debit or credit that may be necessary.
- I am an authorized signer on the named Financial Institution account and will cease to request transfers via **MyAccount** if I am no longer an authorized signer.
- The origination of the ACH transactions to the stated account complies with the provisions of U.S. law.

X _____
Signature Date

FOR CONGREGATIONS AND ORGANIZATIONS ONLY. (An Officer must sign to verify above.)

As an officer of the above-stated organization, I certify that:

- I understand this ACH Setup Authorization will remain in effect until revoked in writing. Upon future activation of this ACH transfer feature, I authorize LCEF to initiate any correcting debit or credit that may be necessary.
- The above-named individual is authorized to initiate withdrawals from the named Financial Institution account for deposit to an account held at LCEF in the name of the stated organization.

X _____
Officer Signature Title Date