



Lutheran Church
Extension Fund

PO Box 229009
St. Louis, MO 63122-9009
1-800-843-5233

Authorization for LCEF Automatic Savings

- New authorization
- Change to existing authorization

Please complete and sign this form and attach a void check. Either mail to the above address or fax this form (along with a copy of a void check) to: (314) 996-1129.

Do not mail and fax this form; please choose one form of communication with LCEF.

Account Holder(s): _____

Contact person (if different from above): _____

Telephone: (Home) _____ (Work) _____

Note: "I" refers to all account holders, whether one or more.

Automatic Withdrawal Authorization

I authorize LCEF to initiate automatic withdrawals from the checking account described below in the amount and frequency also described below for deposit to the following LCEF account number(s):

LCEF Account Number(s): _____

This authorization is valid until revoked by the account holder either verbally or in writing. I understand that LCEF must receive this verbal or written notification 15 business days before the next scheduled transaction date.

Amount of deposit to LCEF: \$ _____

Indicate frequency of debit/withdrawals (check only one of the following):

- Monthly (indicate date): _____
- Twice a month (check one of the following): 1st & 15th **OR** 15th & last day of month
- Every other week (circle day): M T W TH F
- Weekly (circle day): M T W TH F

Name of Financial Institution: _____

Branch: _____

Routing Number (nine digits): _____

Checking Account Number: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Name(s) as shown on checking account: _____

A void check must be returned with this authorization.

Signature Required (All owners of the LCEF account must sign.)

Name _____

Signed **X** _____ Date _____

Title (for organizations only): _____

Name _____

Signed **X** _____ Date _____

Title (for organizations only): _____

Name _____

Signed **X** _____ Date _____

Title (for organizations only): _____