Indirect Lending

LCU
Leominster Credit Union

Automatic Payment Through An External Account

Member Name: _____

Financial Institution Name: _____

Routing Number: _____

Checking Account Number: _____

First date account to be charged (at least be one day before the first payment date): _____

**I hereby authorize Leominster Credit Union to charge
the above referenced account for my monthly loan payment.**

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Attach a **voided** check

OFFICE USE ONLY

Loan Account Number _____

Entered By _____ **Date** _____