



Indirect Lending



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 X _____ Date _____

Signature of Co-Applicant X _____ Date _____

Attach a voided check

For Office Use Only

Loan Account Number _____

Entered By _____ Date _____



800-649-4646 • www.leominstercu.com

Equal
Opportunity
Lender



Federally Insured by NCUA