



Catholic United Financial CREDIT UNION

3499 Lexington Ave N
Saint Paul, MN 55126

Phone: 651-765-4132
Toll-free: 877-871-8313

www.catholicunitedCU.org

AUTOMATIC LOAN PAYMENT AUTHORIZATION

ACTIVATE CANCEL CHANGE

Make your loan payment automatically every month from a CUFCU account OR from your savings or checking account at another financial institution.

Proof of account ownership is required. Please attached a voided check (no starter checks accepted) or statement from your other financial institution that includes your FULL ACCOUNT NUMBER.

Please note: Transfers will not be made if your account does not have sufficient funds for the transfer. Once the transfer is made, CUFCU cannot cancel or reverse the transfer.

DATE: _____ MEMBER NAME: _____ ACCT#: _____

EMAIL ADDRESS (REQUIRED): _____

FROM AN ACCOUNT AT ANOTHER FINANCIAL INSTITUTION:

NAME OF FINANCIAL INSTITUTION: _____ ROUTING# _____

NAME ON THE ACCOUNT: _____

ACCOUNT#: _____ ACCOUNT TYPE: Checking Savings

PAYMENT DATE: _____ PAYMENT AMOUNT: _____ CUFCU LOAN SUFFIX: _____

FROM A CUFCU ACCOUNT:

ACCOUNT#: _____ SUFFIX _____ ACCOUNT TYPE: Checking Savings

PAYMENT DATE: _____ PAYMENT AMOUNT: _____ CUFCU LOAN SUFFIX: _____

TERMS AND CONDITIONS: I hereby authorize CUFCU to make debit and credit entries to the account(s) and for the purpose indicated above. I also authorize CUFCU to initiate any necessary credit entry to correct an erroneous debit entry to my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authorization is to remain in full effect until CUFCU has received written notification from me, and not after five (5) business days prior to the next scheduled monthly draft. I understand that it is my responsibility to have funds available in my account on each payment date until the monthly payment is deducted. As long as I meet this responsibility and if the purpose of the automatic funds transfer is to make loan payments, my loan payment will be considered current, and I will not incur any late charges. I understand that a fee may be assessed for any payment returned to CUFCU.

MEMBER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY: SETUP BY: _____ DATE: _____ VERIFIED BY: _____ DATE: _____

Rev. 05/2021