



# Lutheran Immigration and Refugee Service

## DIRECT DEBIT AUTHORIZATION

I, \_\_\_\_\_ (**name**), hereby authorize the Lutheran Immigration and Refugee Service to automatically deduct my monthly travel loan payment from my checking account on the 20<sup>th</sup> of each month. I agree that my payment will be in the amount of \$ \_\_\_\_\_ **monthly**.

I will have sufficient funds in the account on the date indicated to cover the amount of the automatic deduction. I agree to reimburse **Lutheran Immigration and Refugee Service (LIRS)** for any returned check charges should there be insufficient funds in the account. Any changes or cancellations should be reported in **writing** at least **30 days** prior to a scheduled payment.

\_\_\_\_\_ **Case Number**

\_\_\_\_\_ **Starting Month/Year**

\_\_\_\_\_ **Street Address**      \_\_\_\_\_ **Apt #**

\_\_\_\_\_ **City**

\_\_\_\_\_ **State**      \_\_\_\_\_ **Zip/Postal Code**

\_\_\_\_\_ **Phone Number**

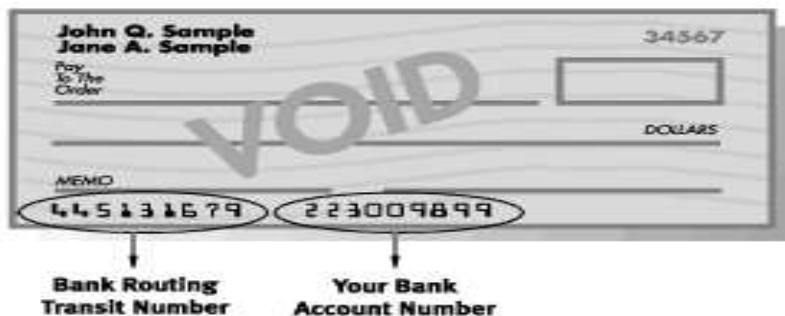
\_\_\_\_\_ **Email address**

\_\_\_\_\_ **Signature (By Bank Account Holder)**

\_\_\_\_\_ **Date**

### **Please follow the instructions below:**

(Attach a **VOIDED CHECK** to this form, so we can identify account and bank routing number.)



**Mail to:** LIRS, Travel Loan Unit 700 Light Street • Baltimore • Maryland • 21230