



# WELS Church Extension Fund

Wisconsin Evangelical Lutheran Synod

## **AUTOMATIC LOAN PAYMENT AUTHORIZATION AGREEMENT**

Please complete this form and mail to:  
Loan Servicing, c/o Nancy Gittel  
WELS Church Extension Fund, Inc.  
N16W23377 Stone Ridge Drive  
Waukesha WI 53188-1108

I hereby authorize WELS Church Extension Fund, Inc. to initiate debit entry transfers from the checking or savings account located at the depository institution named below. Credit will be applied to our WELS CEF loan as indicated for the amount specified. If necessary, a credit entry may be initiated for correction only.

*Please type or print clearly*

Congregation name: \_\_\_\_\_

Address: \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_ Payment Date: \_\_\_ 1<sup>st</sup> day of month     Checking     Savings  
*Additional principal payment by \$ \_\_\_\_\_ per month*

Financial Institution: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Financial Institution Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

ABA/RTN#: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Authorized Signer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Treasurer's Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**PLEASE ATTACH A VOIDED CHECK**  
**A deposit slip will not be accepted**

I/we understand that if the day of the month selected falls on a weekend or holiday, the transfer will occur on the next business day. The authority is to remain in full force until WELS CEF has received written notification of its termination or until the loan is paid in full. I/we further agree that WELS CEF may adjust the amount of such transfer payment from time to time in accordance with the terms of our WELS CEF loan.