



## Identity Theft Protection Recurring ACH Payment Authorization Form

Please complete this form and send it to us via fax at 240-747-3379; email to [memberservice@lfcu.org](mailto:memberservice@lfcu.org); drop it off at any Lafayette Federal branch location; or mail it to 2701 Tower Oaks Boulevard, Rockville, MD 20852, Attention: Member Service Department.

### Here's How Recurring ACH Payments Work:

You authorize regularly scheduled charges to your checking account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your account statement as a "Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

### Please complete the information below:

I (name) \_\_\_\_\_ authorize Lafayette Federal Credit Union to charge my checking account indicated below on the 1st of each month for payment of the Identity Theft Protection Service.

Account # \_\_\_\_\_

ID Restoration (\$1.99/month)

ID Protect Plus (\$4.99/month)

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Lafayette Federal Credit Union in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. In the case of a payment being rejected for Non Sufficient Funds (NSF), I understand that Lafayette Federal Credit Union may at its discretion terminate my enrollment with this service.