



Lutheran Immigration and Refugee Service

AUTOMATIC MONTHLY PAYMENT AUTHORIZATION FORM

I, _____ (name), hereby authorize the Lutheran Immigration and Refugee Service to automatically charge my monthly travel loan payment from my debit or credit card on the 20th of each month. Please charge my account in the amount of \$ _____ monthly on the 20th each month.

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 fees 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.

PLEASE SEND THE COMPLETED FORM TO:

LIRS TRAVEL LOAN UNIT • 700 LIGHT STREET • BALTIMORE • MARYLAND 21230

(* Required information)

Case Number*	<input type="text"/>	Starting Month/Year*:	____ / ____
Name (as it appears on the card)*	<input type="text"/>	Same	<input type="checkbox"/>
Type of Card	DEBIT (PREFERRED) OR CREDIT <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
Card Number* (16 digits):	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Expiration Date* :	____ / ____
Signature*	<input type="text"/>	3- or 4-digit Security code (on back of card):	_____
Email Address	<input type="text"/>		
Current Address:	<input type="text"/>		Date: _____
Billing Address (if different):	<input type="text"/>		
Telephone Number:	<input type="text"/>		