
Automatic Account Debit Authorization

I hereby authorize Christian Missionary Fellowship to directly debit my checking or savings account noted on the voided check attached below. Below I have designated the recurring monthly amount I wish to be deducted from my account, and I understand that this will remain in effect until I notify the Finance Department in writing that I wish to discontinue the direct debit program. I understand that enrollment in or discontinuation of the direct debit program may take 5 to 7 business days to become effective. I understand that debits to my account will occur on the 15th of each month or on the first banking day following the 15th if the 15th falls on a weekend or holiday.

Donor Name (Printed) / Donor Address

Donor Signature / Date Social Security Number

Bank Name / Branch Donor Phone #

Bank Address (Street, City, State, Zip)

Routing Number

Bank Account Number

Is this checking () or Savings ()?

I wish to support the following:

_____/ \$
_____/ \$
_____/ \$
_____/ \$

(Missionary name(s), General / monthly Fund, and/or Where needed most) amount

(Please attach voided check here)

Please return this completed form to:

Christian Missionary Fellowship
Attn: Finance Division
P.O. Box 501020
Indianapolis, IN 46250