



# Authorization Agreement for Automatic Debits of Donations

## Terms and Conditions

(Keep a copy for your records)

- I/We authorize Christian Missions In Many Lands, Inc. (CMML) to initiate a monthly debit entry in the amount(s) listed below, from the account at the financial institution named below, and authorize the institution to debit the below named account for the same.
- This authorization is to remain in full force and in effect until I/we notify CMML in writing to terminate the deduction.
- Each payment shall be the same as if I/we had personally issued a check authorizing the bank to pay CMML as indicated and to debit the amount specified to my/our account.
- I/We will notify CMML in writing of any changes in the account information or termination of this authorization prior to the next due date of the electronic funds transfer.
- I/We warrant that all persons whose signature(s) are required to sign on this account have signed this agreement.

## Details of EFT *(Please Print)*

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Email Receipt     Mail Receipt

### Bank or Financial Institution:

Bank Name: \_\_\_\_\_

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

Name(s) on Account: \_\_\_\_\_

Account number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

*(Note: account must have checking privileges in order to use this plan)*

### Please designate as follows:

*Suggested for the support of...*

	\$		\$
	\$		\$
	\$		\$

All donations are made with the understanding that CMML has complete control and administration over the use of donated funds. I/We authorize CMML, Inc. to process a debit in the amount of \$\_\_\_\_\_ on my/our account around the 15<sup>th</sup> day of each month beginning on the date of \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy). I/We have read and understood all the provisions contained in the terms and conditions of the electronic funds transfer agreement.

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

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

*(\*Two signatures are required if the account requires two signatures on checks or withdrawals)*

### Please remember to:

- Include a voided check
- Keep a copy of this form for your records
- Mail the signed original to: CMML, Inc., PO Box 13, Spring Lake, NJ 07762