

Electronic Withdrawal Authorization

I hereby authorize Christian Missionary Fellowship to directly charge my account as noted below.

Donor Name (Printed)

Donor Signature

Date

Donor Address (Street, City, State, ZIP)

Donor Phone

Donor Email

This authorization is: New A Change Discontinuation Request

This donation is: One-time
 Recurring (transfer funds on: 1st or 15th)

Option 1: Checking/Savings Account Debit

Bank Name / Branch

Bank Address (Street, City, State, ZIP)

Routing Number

Bank Account Number

Checking Savings

Please attach a voided check!

Option 2: Credit Card Authorization

Name on the Credit Card

Credit Card Number

Security Code (CCV)

Expiration Date

- Visa
 Mastercard
 American Express
 Discover

I wish to support the following:

Missionary name(s), General Fund, Sponsored Child name(s)

Monthly Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please return this completed form to:

Christian Missionary Fellowship Attn: Finance Division PO Box 501020 Indianapolis, IN 46250
Fax: 317.578.2827 Email: giving@cmfi.org