



**Electronic Funds Transfer (EFT)
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 15th 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; and Mail the signed original to: *CMML, Inc., PO Box 13, Spring Lake, NJ 07762*