

DIRECT WITHDRAWAL AUTHORIZATION AGREEMENT

Name: _____

Address: _____

Amount: _____

Start Date: _____

Frequency: _____

I hereby authorize MISSIONARY CHURCH INVESTMENT FOUNDATION, Inc., through FIRST MERCHANTS BANK, to initiate debit entries and to initiate, if necessary, entries and adjustments for any errors or returns to my (our) account indicated below.

ACCOUNT INFORMATION:

BANK NAME: CITY STATE ZIP

CHECKING/SAVINGS ROUTING NUMBER ACCOUNT NUMBER

This authority is to remain in full force and effect until Missionary Church Investment Foundation receives written notification from me of its termination in such time and manner as to afford Missionary Church Investment Foundation/First Merchants Bank a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE

DATE