



ELECTRONIC BANK TRANSFER ENROLLMENT FORM
(For loan payments)

CHURCH NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ CONTACT: _____

TRANSFER AMOUNT: Equal to regular payment amount Other amount: \$ _____

START DATE: Next due date of loan OR Other date: _____

FREQUENCY: Monthly OR Other frequency: _____

ACCOUNT INFORMATION:

BANK NAME: _____

TYPE OF ACCOUNT:

- Checking
- Savings

Routing: _____

Account: _____

By providing the information above, you are authorizing Missionary Church Investment Foundation (MCIF) to electronically debit your account (and if necessary electronically credit your account to correct erroneous debits).

Your authorization will continue until you change or cancel it. To change or cancel your authorization, contact MCIF by telephone at (260) 747-2027 or in writing at P.O. Box 9127, Fort Wayne, IN 46899.

AUTHORIZED SIGNATURE _____ DATE _____

Please attached a voided check and return this authorization to Missionary Church Investment Foundation, P.O. Box 9127, Fort Wayne, IN 46899.