



ELECTRONIC BANK TRANSFER ENROLLMENT FORM
(For deposit of loan proceeds)

CHURCH NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

LOAN NUMBER: _____

- This is a one-time authorization for the transfer of an amount equal to the net proceeds of the loan noted above.

- Transfers will be made in varying amounts and dates as requested by _____ via telephone or email.

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 credit your account (and if necessary electronically debit your account to correct erroneous debits or credits).

Your authorization will continue until the sooner of when you change/cancel it or when the loan proceeds are fully disbursed. To change or cancel, please notify MCIF at (260) 747-2027 or 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.