



Automatic Funds Transfer Authorization Form

Loan Payments From Your Bank Account

_____ \$ _____ \$ _____ \$ _____
 Loan Number Regular Monthly Payment Additional Payment (if any) Total Debit Amount
 _____ (_____) _____ (_____) _____
 Name of Account Holder Daytime phone number Name of financial institution Phone number of financial institution

 Financial Institution ABA #/Routing # Checking account number Savings account number

Investment Deposits or Gifts From Your Bank Account

 Investment Number / Gift
 _____ (_____) _____ (_____) _____
 Name of Account Holder Daytime phone number Name of financial institution Phone number of financial institution

 Financial Institution ABA #/Routing # Checking account number Savings account number

One Time Semi-Monthly
 Monthly Quarterly Semi-Annually \$ _____
 Deposit Amount

Investment Withdrawals or Interest Payments Made To Your Bank Account

 Registration No. Investment Number Investment Withdrawal Frequency Investment Withdrawal Amt Interest Deposit Frequency
 _____ (_____) _____ (_____) _____
 Name of Account Holder Daytime phone number Name of financial institution Phone number of financial institution

 Financial Institution ABA #/Routing # Checking account number Savings account number

One Time Semi-Annually
 Monthly Quarterly Monthly
 Quarterly Semi-Annually

Interest Payment to Third Party

_____ (_____) _____
 Registration No. Investment Number Name of Account Holder Daytime phone number

I/we direct interest to be paid to: () Church Extension _____ % or \$ _____
 () New Church Ministry (Great Commission Partners Program) _____ % or \$ _____
 () The following church organization _____ % or \$ _____
 () The following individual / institution _____ % or \$ _____

Name _____
 Address _____ City _____ State _____

Authorization

- For Automatic Loan Payment:** I/we understand that regular monthly loan payments must be remitted on time until automatic loan payments begin, and that sufficient funds must be in the checking or savings account listed above to cover the total automatic loan payment debit and that my bank may also charge a non-sufficient fund fee. Either I/we or Church Extension can terminate this authorization at any time by giving 10 days written notice to the other party.
- For All Automatic Funds Transfer Services:** I/we hereby authorize Church Extension to debit or credit our checking or savings account as designated above.
- For Interest Payment to Third Party:** I/we hereby authorize Church Extension to direct my earned interest as indicated above.

 Authorized signature of account holder Date Authorized signature of account holder Date

Please attach a voided check and return this authorization to Church Extension at P.O. Box 7030, Indianapolis, IN 46207-7030