Authorization Form for Automatic Bank Account Drafts or Credit/Debit Drafts

In an effort to possibly make things easier for you, CMI has listed below several more options to give to this ministry. More and more people are having their donations done automatically and we want to make sure you are aware that CMI offers these features also. Should you have any questions about any of the ways to do this, please do not hesitate to contact us at **904-807-3868.**

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1. Automatic Bill Pay - Many banks today offer this feature. You can go to your banks website and set this up or go into a local banking center. This feature allows your bank to send a check to CMI each month at a date you specify for an amount you specify. They will automatically send the check each month to Christian Missions International's address. Contact your bank or set it up on your bank's website to use this feature. **YOU DO NOT NEED TO RETURN THIS FORM TO CMI IF YOU USE THIS FEATURE.**

2. Automatic Bank Draft - Simply complete and return this request form to CMI. Please include a blank, voided check from your designated account for processing.

3. Credit/Debit Card Draft - If you want to set up an Electronic Funds Transfer Account through your Charge/Debit Card, simply complete the same request form, but mark the appropriate boxes related to charge accounts. It's that easy!

Please complete and sign this form and return it to:

Christian Missions International
PO Box 51531 Jacksonville, FL 32240
or
Email it to jimpuhr@aol.com

I hereby agree that I have fully read and understand the terms and condition of this request and authorize Christian Missions International to initiate electronic bank drafts on my checking account or submit recurring charge on my charge card. This authorization shall remain in full force and effect until Christian Missions International receives notice to terminate or change this.

_____
Name

_____
Address

_____
City State Zip

_____
Home Phone Daytime Phone

_____
E-mail (optional)

_____
Signature Date

For monthly giving, indicate date contribution should be applied each month:

(Circle one) 5th 20th

Start date: _____
(mm/dd/yyyy)

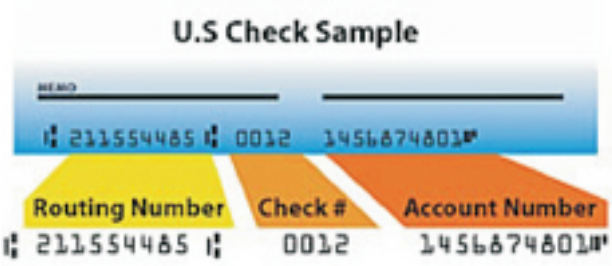
Amount: $_____

IF GIVING BY CHECKING ACCOUNT PLEASE COMPLETE:
(A voided check from your designated account is required for processing)

_____
Bank Name

_____
Routing Number

_____
Your Bank Account Number



IF GIVING BY CHARGE/DEBIT CARD PLEASE COMPLETE:
Card Type: (Circle One)

Mastercard VISA American Express

_____
Card Number

_____
Expiration Date 3 or 4 digit Security Code on Back of Card

_____
Name as it Appears on Card