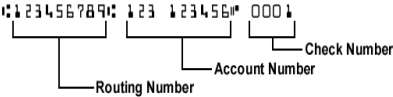


AUTHORIZATION FORM

Organization Name: Child Evangelism Fellowship

FOR OFFICE USE ONLY	CUSTOMER #	DATE		
Effective date of authorization: ____/____/____				
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date				
Last Name		First Name		
Address				
City		State	Zip	
Email Address				
MONTHLY PAYMENT: Date for monthly withdrawal (please check one): <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Other ____ Date of first payment: ____/____/____ Amount of monthly payment: \$ _____				
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____  <p>The diagram shows a routing and account number: 123456789 123 1234567 0001. Brackets indicate that 123456789 is the Routing Number, 123 1234567 is the Account Number, and 0001 is the Check Number.</p>	
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____			

If using a checking account, please attach a voided check to the bottom of this page.