



CHURCH EXTENSION INVESTORS FUND

9401 E Stockton Blvd, Suite 240

Elk Grove, CA 95624

www.ChurchInvestorsFund.org

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT
(EFT CREDITS)**

Company Name: **Church Extension Investors Fund, Inc.**

I (we) hereby authorize **Church Extension Investors Fund**, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Savings (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. This authorization shall also include, but shall not be limited to, debit transactions made for the purpose of reversing and/or correcting an originated credit entry.

DEPOSITORY NAME:

BRANCH: _____

STREET: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

ROUTING NUMBER: _____

9 digits

ACCOUNT NUMBER:

I hereby authorize you to make the transfer(s) indicated until further notice from me. If this agreement changes any prior authorization between you and me, the prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date(s) in order for you to make the automatic payments. I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge that COMPANY will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payment(s).

CUSTOMER NAME:

CEIF ACCOUNT NUMBER: _____

AUTHORIZATION DATE: _____

AUTHORIZED SIGNER #1:

X

Printed

Signature #1

AUTHORIZED SIGNER #2:

X

Printed

Signature #2

AUTHORIZED SIGNER #3:

X

Printed

Signature #3

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVED MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.