



Christian Investors Financial
 901 East 78th Street, PO Box 20759
 Minneapolis, MN 55420-0759
 800.995.8574 • www.ChristianInvestors.org

AUTOMATIC PAYMENT AUTHORIZATION

By providing financial institution account information you have accepted enrollment in CIF Automatic Payment Plan.

I (we) hereby authorize Christian Investors Financial® (CIF), to transfer the following amount each month from our bank account to CIF according to the following instructions:

____ Letter of Agreement
 Monthly Installments of \$ _____ beginning month _____
 Letter of Agreement installment payments will be made on the 10th of each month.

____ Loan Payment
 Monthly Installments of \$ _____ beginning date _____
 Select a date between the 1st and 10th of the month.

I (we) understand that if the day of the month selected falls on a weekend or holiday, the transfer will occur on the next business day. This authority is to remain in full force and effect until CIF has received written notification from us of its termination in such a manner as to afford CIF a reasonable opportunity to act upon it or until the balance is paid in full. I (we) further agree that CIF may adjust the amount of such transfer payment from time to time in accordance with the terms of our agreement. If any changes occur in the information provided by you on your CIF Agreement, you must immediately notify CIF in writing of such changes. Any fees your bank charges associated with returned payments will be your responsibility.

Ministry Name: _____
 Authorized Signature(s) _____

_____ Date _____ Date _____
 _____ Date _____ Date _____

PLEASE ATTACH A VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP (NOT A DEPOSIT SLIP) FOR YOUR ACCOUNT HERE.

