



DIRECT DEPOSIT AUTHORIZATION

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

Date _____

ACCOUNT HOLDER INFORMATION

Name

Signature

Name

Signature

Street

Apartment Number

City and State

Zip Code

Investment Certificate Numbers(s) – if none listed, all Certificates owned by owner(s) above, will be included

I (we) hereby authorize Christian Investors Financial d/b/a Christian Investors Financial® (CIF) to direct deposit the periodic interest payments on my (our) Term Certificate(s) to the Financial Institution account listed above, and authorize CIF to take corrective action in the event of any erroneous credits or debits to or from my (our) account. I (we) agree to provide Christian Investors Financial at least 30 days written notification to request any changes or modifications to this authorization.

REQUEST FOR INTEREST PAYMENT BY DIRECT DEPOSIT Select the frequency or change by checking the appropriate box below.

Monthly (Only available for Term Certificates of \$5000 or more)

Quarterly

Cancel my direct deposit on the above referenced Investment Certificate(s) and begin compounding my interest.

FINANCIAL INSTITUTION ACCOUNT INFORMATION You must also complete the financial institution account information below and attach a voided check or savings withdrawal slip to enroll in this service.

Account Name(s) _____

Account Number _____

Financial Institution _____

9 Digit Routing Number _____

Financial Institution Mailing Address _____

City, State and Zip Code _____

Bank Name and Address		Check Number
My Name		101
My Address		
My City, State Zip		20
Pay to the order of _____		\$ _____
		Dollars
Bank Name		
Bank Address		
⑆ 123456789 ⑆ ⑆ 12 34567890 ⑆ 00101		
9 Digit Bank Routing Number	Your Account Number	

PLEASE ATTACH A VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP FOR YOUR ACCOUNT HERE.