

CMA is providing an Electronic Fund Transfer program that is safer, convenient and less time consuming than writing and mailing checks. There is no cost to you for this service.

CMA Electronic Fund Transfer Enrollment Form:

Please enroll me in CMA's Electronic Fund Transfer Donor Plan. I understand that I will receive a tax-deductible receipt for each contribution. I will continue to hear how God is using me through my financial partnership with CMA Ministry each time a transfer is made from my bank account to CMA. **Please check each circle below that applies to your interest.**

- I authorize my bank to deduct the amount indicated on the day shown below. **My voided check is attached.** (Please do not send a deposit slip. A deposit slip does not have the pertinent information that the banking service requires.)

Select the date that is best for you to have your contribution transferred each month.

- I authorize CMA through EFT to draft my bank account each month in the amount of \$ _____ on the **5th** of each month to begin on: (Month) _____ (Year) _____
- I authorize CMA through EFT to draft my bank account each month in the amount of \$ _____ on the **15th** of each month to begin on: (Month) _____ (Year) _____

Name as on your account: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

My Gift Preference is for (Missionary name, CMA operations, Pastoral training, book fund, or other, as you desire to designate)

Amount: \$ _____

Amount: \$ _____

Amount: \$ _____

For Office Use Only:

ID# _____ Amount: \$ _____

Designation: _____ Amount: \$ _____