



BANK AUTHORIZATION FORM

Account Information

Name of Investor: _____

Social Security/Federal Tax ID #: _____

Financial Institution: _____

Branch: _____ Phone: _____

Branch Address: _____

ABA Routing Number: _____

Bank Account Number: _____

Please attach a voided check.

Option 1: AUTOMATIC DEPOSIT TO CFR (RECURRING)

- I/We authorize Christian Financial Resources, Inc. to initiate debit entries from my account at the bank referenced above for my investment with CFR. This authorization is to remain in effect until Christian Financial Resources, Inc. has received written notification of termination. I understand that the notification must be made a minimum of 14 days prior to my next debit.

ACH withdrawals will be made on the first business day of the month

Amount to be deducted each month: \$_____ from checking savings

Option 2: AUTOMATIC CREDIT FROM CFR (RECURRING)

- I/We authorize Christian Financial Resources, Inc. to initiate credit entries from my CFR account to the bank referenced above. This authorization is to remain in effect until Christian Financial Resources, Inc. has received written notification of termination. I understand that the notification must be made a minimum of 14 days prior to my next credit.

ACH credits will be made on the first business day of the month quarter (please check one)

Amount to be credited each month: \$_____ to checking savings

NON-RECURRING BANK AUTHORIZATION

- I/We authorize Christian Financial Resources, Inc. to initiate either credit entries or debit entries to/from the bank referenced above for any specific written request submitted to Christian Financial Resources, Inc.

Name (Print) : _____ Signature: _____ Date: _____

Name (Print) : _____ Signature: _____ Date: _____

SIGNATURES ARE REQUIRED FOR ALL INDIVIDUALS LISTED ON CHECKING ACCOUNT

In the case of an incorrect debit/credit, Christian Financial Resources, Inc. is authorized to make correction entries