

ELECTRONIC FUND TRANSFER AUTHORIZATION

I authorize Children's Bible Ministries Of Maryland, Inc. and the financial institution named below to charge my account each month the amount shown below (this includes my authorization for Children's Bible Ministries of MD, Inc. to reverse any charges made in error). This authority will remain in effect until I give written notice to cancel or change it. I understand that all changes of status to the agreement take three to six weeks to be processed.

New Change Renewal Amount per month \$ _____ Monthly transfer date: 10th 20th 25th
(Minimum of \$10.00 per month. If no box is checked, transfers will be on the 1st of each month.)

Information about you:

Name _____ Phone () _____

Street _____ City _____ State _____ Zip _____

Information about your financial institution:

Name _____ Phone () _____

Street _____ City _____ State _____ Zip _____

Your Account Number _____

I'd like to use PayPal for my monthly debit. MasterCard Visa

Card # _____ Ex. Date _____ 3 Digit Sec. Code _____

Signature _____ Date _____

If you choose the bank debit option, please include a voided check (or in the case of a savings account, a deposit slip) and mail to:

CHILDREN'S BIBLE MINISTRIES OF MD, INC.

1600 B Emory Road
Upperco, MD 21155
(410) 796-7990
www.cbmmd.org

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