

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. (See reverse side for fund suggestions.)

New Change Renewal Amount per month \$ _____ Monthly transfer date: 1st 10th 15th 20th
(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.

6394 Forrest Avenue
Elkridge, Maryland 21075
(410) 796-7990
www.Cbmmd.org

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CONTRIBUTION SUGGESTION

Monthly Amount

\$ _____

For the Ministry of

Children's Bible Ministries of MD, Inc.
6394 Forrest Avenue
Elkridge, Maryland 21075

(410) 796-7990

Web Site www.cbmmd.org



\$ _____ MD General Fund
\$ _____ Project King (State Director)
\$ _____ Project Jones (State Office Manager)
\$ _____ Baltimore City General Fund
\$ _____ Project Morgan (Balto. City Missionary)
\$ _____ Carroll County General Fund
\$ _____ Circle Memorial or Honor of (Name)
\$ _____ Other

*Please include a name & address if an acknowledgement card is to be sent. Thank you.

Win A Child - Win A Life!

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