Authorization Agreement For Automatic Withdrawal of Funds

Biblical Mennonite Alliance P.O. Box 218, Elnora, IN 47529	Email: bmabookkeeper@gmail.com Telephone: 828-606-8158

First Name	Last Name
Address	
Telephone	Email

Please debit my donation from my: (check one)

. Checking Account

□ Savings Account

Month of first donation: _____

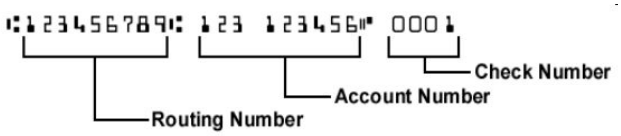
Day of month for transfer: (check one)

□ 5th of each month □ 12th of each month

□ 19th of each month □ 26th of each month

Routing Number

Account Number



Fund designations and amounts

□ BMA General fund	$_____	□ Elnora Bible Institute Operating	$_____
□ DNI General fund	$_____	□ Elnora Bible Institute Capital	$_____
□ DNI Worker Support, undesignated	$_____	□ Elnora Bible Institute Scholarship	$_____
□ DNI Worker Support, worker's name _____	$_____	□ MTC Operating	$_____
		□ MTC Capital Improvements	$_____
□ DNI Special Project, project name _____	$_____	□ Orphanage Sponsorship, child's name _____	$_____
□ Short Term Mission Teams	$_____	□ Orphanage Operating	$_____
□ Disaster Service Activities	$_____	□ Orphanage Capital	$_____
□ Voluntary Service Opportunities	$_____	□ Other fund _____	$_____

Special instructions or further details for fund designations

AGREEMENT I authorize the Biblical Mennonite Alliance and Interra Credit Union to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____ Date:_____

Please staple voided check here