

AUTHORIZATION FOR CONTRIBUTION



OWNER

(MY INFORMATION HAS CHANGED, PLEASE UPDATE)

Name (First/Mi/Last)

Address

Organization

City

State

Zip

Date of Birth

Email Address

Phone

CONTRIBUTION INFORMATION

Account Number

Contribution Amount \$

5th

20th

One Time Transfer

Investment Type (Select one)

Non-Retirement

Roth IRA

Traditional IRA

Coverdell ESA

of each month or the first business day thereafter

*A record of deposit will be included in the investor's quarterly statement,
sent by CDF*

BANK INFORMATION

(Please include a voided check)

Bank Name

Type (e.g.) checking, savings)

Routing Number

Account Number

I desire to have Church Development Fund, Inc. (CDF) withdraw funds from my account at the bank named above for the investment at CDF. Such withdrawal shall be credited as if I had personally made the withdrawal. This authorization shall remain in effect until I notify CDF that I wish to end this agreement, which I may do at any time with a minimum of thirty days prior written notice.

SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by Church Development Fund. I understand a \$10 fee will be charged to my CDF investment for any transfer which is incomplete for lack of bank funds.

SIGNATURE OF OWNER

TODAY'S DATE

IRA ELIGIBILITY OF FUNDS

(Complete if you are establishing a recurring contribution to your IRA.)

I certify that the contribution described above is eligible to be contributed to the IRA and I authorize the deposit to be invested in the manner described above.

SIGNATURE OF IRA ACCOUNT OWNER

TODAY'S DATE