

AUTHORIZATION FOR CONTRIBUTION



PO Box 19700, Irvine, CA 92623-9700
Fax: 866.303.9360

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 \$ _____
Investment Type (Select one)	5th 20th One Time Transfer
Non-Retirement	of each month or the first business day thereafter
Traditional IRA	Roth IRA
	Coverdell ESA
	<i>A record of deposit will be included in the investor's quarterly statement, sent by CDF</i>

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
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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
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