

# IRA BANK AUTHORIZATION FORM



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

## I. IRA OWNER

Name (First/Mi/Last)

Social Security Number

Date of Birth

Phone

Email Address

Account Number

### ACCOUNT TYPE *(Select one)*

Traditional IRA

Roth IRA

Coverdell ESA

## II. IRA TRUSTEE OR CUSTODIAN

Name

Address Line 1

Address Line 2

City

State

ZIP

Phone

## III. CONTRIBUTION INFORMATION

Contribution Amount: \$ \_\_\_\_\_  
5<sup>th</sup> 20<sup>th</sup>

of each month or the first business day thereafter.

### CONTRIBUTION TYPE *(Select one)*

Regular Contribution for Tax Year: \_\_\_\_\_

SEP Contribution for Tax Year: \_\_\_\_\_

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

## IV. BANK INFORMATION

### DEPOSIT METHOD

Bank Account *( Please include a voided check)*

Name of Organization Sending Assets

Routing Number

Account Number

Type *(e.g. checking, savings)*

*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. A \$10 fee will be charged to the investor's CDF investment for any transfer which is incomplete for lack of bank funds.*

## V. SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by the custodian. 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 Owner

Date (mm/dd/yyyy)