

AUTHORIZATION FOR ACH PULL-IN



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

CUSTOMER INFORMATION

Ministry Name _____	Address _____		
Contact Name _____	City _____	State _____	Zip _____
Phone Number _____	Email Address _____		

ADDITIONAL PAYMENT INFORMATION

Customer Number _____	Loan Number _____	Please make an additional payment to my loan in the amount of \$ _____
ACH Pull-In Date _____		

PAYMENT METHOD

Account on File	Bank Name _____	
New Bank Account <i>(Please include voided check)</i>	Bank Name _____	Type (e.g. checking, savings) _____
	Routing Number _____	Account Number _____
Internal CDF Account	Account Number _____	

SIGNATURE

I authorize Church Development Fund, Inc. (CDF) to withdraw money from the account indicated above. I certify that all of the information provided by me is accurate and may be relied upon by CDF.

_____ Contact Signature	_____ TODAY'S DATE
_____ Contact Signature	_____ TODAY'S DATE

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