



**The Christian And Missionary Alliance Fellowship Fund**  
**AUTHORIZATION FOR DIRECT WITHDRAWAL**

I (we) authorize The Christian and Missionary Alliance Office of Alliance Benefits to automatically withdraw monthly contributions from the bank account information shown below:

CHURCH NAME	CHURCH PHONE NUMBER
NAME ON CHURCH BANK ACCOUNT	BANK BRANCH PHONE NUMBER
PRINT NAME OF AUTHORIZED SIGNER	PHONE NUMBER OF AUTHORIZED SIGNER
AUTHORIZED SIGNATURE(S) ON ACCOUNT	DATE

**PLEASE ATTACH A VOIDED CHECK**

This direct withdrawal will occur on the 5th business day of the month. It will appear on your bank statement as a withdrawal. This authorization shall continue in force until written notice is given to Alliance Benefits.

**RETURNING THE AUTHORIZATION**

**U.S. Mail**

The Christian and Missionary Alliance  
Office of Alliance Benefits  
PO Box 35690  
Colorado Springs, CO 80935-3569

**Fax**

(719) 262-5397