



The Christian And Missionary Alliance Retirement Plan 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