

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT
(ACH DEBITS)**

Company Name: **Church Extension Investors Fund, Inc.**

I (*we*) hereby authorize **Church Extension Investors Fund**, hereinafter called COMPANY, to initiate debit entries to my (*our*) _____ Checking _____ Savings (*select one*) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. This authorization shall also include, but shall not be limited to, credit transactions made for the purpose of reversing and/or correcting an originated debit entry.

DEPOSITORY NAME: _____

BRANCH: _____

STREET: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

This Authorization shall remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CUSTOMER NAME: _____

CEIF ACCOUNT NUMBER: _____ **AUTHORIZATION DATE:** _____

AUTHORIZED SIGNER: _____ <i>printed name</i>	 <i>signature</i>
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AUTHORIZED SIGNER: _____ <i>printed name</i>	 <i>signature</i>
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AUTHORIZED SIGNER: _____ <i>printed name</i>	 <i>signature</i>
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NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVED MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.