

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

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

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:** \_\_\_\_\_

**PROVINCE:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**TRANSIT NUMBER:** \_\_\_\_\_ (5 digits)

**BANK NUMBER:** \_\_\_\_\_ (3 digits)

**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:** \_\_\_\_\_

*printed name*

*signature*

**AUTHORIZED SIGNER:** \_\_\_\_\_

*printed name*

*signature*

**AUTHORIZED SIGNER:** \_\_\_\_\_

*printed name*

*signature*

**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.**