



Credit/Debit Authorization Form for Cash Management VIA ACH

By signing below, I/we authorize **Child Evangelism Fellowship of Tennessee, Inc. Greater Jackson Chapter** (hereafter referenced as *CEF of Greater Jackson*) to initiate entries to my/our checking/savings account(s) at the financial institution listed below and if necessary, initiate adjustments for any transactions credited/debited in error. This authorization will remain in full force until I/we notify *CEF of Greater Jackson* in writing that I/we wish to revoke this authorization. I/we understand that *CEF of Greater Jackson* requires at least three (3) days prior notice in order to cancel this authorization. I/we understand it is my/our responsibility to notify *CEF of Greater Jackson* if I/we change financial institutions or account number. Please send this completed and signed authorization or notification of changes to *CEF of Greater Jackson*. See mailing address below.

Name of **Your** Financial Institution: _____

Address of Financial Institution, City, State, Zip: _____

Telephone Number of Financial Institution (Branch): _____

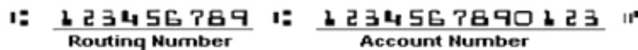
Effective Start Date of Transaction: _____ Frequency of Transaction: _____

Please verify the day of the month: _____ Example: Monthly, Quarterly, Semiannual, Annual

Financial Institution Routing Number: _____

Checking Account Number: _____ Designated Amount: _____	or	Savings Account Number: _____ Designated Amount: _____
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For account verification purposes, please attach a voided check from your account. If you do not have one, please contact your bank for this information. (The routing number and account number are located on the bottom of your deposit slip and/or check as follows):



{	Your Name (Donor): Print as it appears on your check.	_____ <div style="display: flex; justify-content: space-around; font-weight: bold; font-size: small;"> FIRST LAST </div>	_____
{	Donor Address, City, State, Zip: _____ Telephone Number of Donor: _____ Donor Signature _____	Date _____	

	<h1 style="margin: 0;">CEF</h1> <p style="margin: 0; font-size: small;">CHILD EVANGELISM FELLOWSHIP®</p> <p style="margin: 0; font-size: x-small;">Since 1937 Reaching children worldwide™</p>	<p>CEF of Greater Jackson</p> <p>P.O. Box 10532 • Jackson, TN 38308 (mailing address)</p> <p>364 N Parkway #5 • Jackson, TN 38305 (physical address)</p> <p>731-736-2786, office • office@cefjacksontn.com • www.cefjacksontn.com</p>
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Child Evangelism Fellowship® will make every effort to honor the contribution designation of the donor, yet contributions must be under the direction and control of CEF®. CEF has the discretion to determine how to best use contributions to carry out its functions and purposes. Such control of the funds by CEF is required to ensure the donor's contributions satisfy requirements for tax-deductibility.