

Recurring Monthly Gift Authorization Form

Schedule your monthly gift to be automatically deducted from your bank account, Visa, MasterCard, or Discover card. Complete and sign this form to get started!

Recurring Monthly Gift Deduction Will Make Your Life Easier:

- It is convenient (saves time and postage)
- Your Monthly Gift is always on time

Here's How Recurring Monthly Gift Deduction Works:

You authorize regularly scheduled deductions from your checking account or credit card. You will be responsible for the amount indicated below for each month. The transaction will appear on your statement as **“LogosMissions”** or **“Christian Mutual Medical A.”**

Please complete the information below:

I, _____, _____
(Full Name)
authorize Christain Mutual Med-Aid (Operated by Logos Missions, Inc.) to deduct from my credit card or checking account indicated below on the 1st day of each month for my CMM Monthly Gift.

Billing Address _____

City, State, Zip _____

Phone Number _____

E-mail Address _____

CMM MEMBERSHIP INFORMATION

Member Account # _____

Monthly Gift Amount _____

CMM Level _____

CHECKING ACCOUNT

☐ **Checking** (PLEASE ATTACH VOIDED CHECK)

Name on Account _____

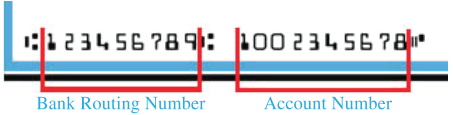
Bank Name _____

Bank Routing # (9-Digits)

Account Number _____

Bank City/State _____

**** EXAMPLE ****

 Bank Routing Number Account Number

CREDIT CARD

☐ **Visa** ☐ **MasterCard** ☐ **Discover**

Cardholder Name _____

Card Number _____

Expiration Date _____ CVV Code (3-Digits) _____

Billing Zip Code _____

Signature _____

Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify CMM in writing of any changes in my account information or termination of this authorization at least 15 days prior to the first day of the following month. If the above-noted dates fall on a weekend or holiday, I understand that the transaction may be executed on the next business day. For ACH deductions from my checking, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above-noted periodic transaction dates. In the case of the ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that CMM may at its discretion attempt to process the deduction again within 30 days and agree to an additional \$20 fee for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring Monthly Gift deduction. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the conditions indicated in this authorization form.