

RECURRING MONTHLY GIFT AUTHORIZATION FORM

SECTION A CMM MEMBERSHIP INFORMATION

Full Name _____ Street Address _____

CMM Member ID MEMB- _____ City, State, Zip Code _____

Monthly Gift Amount _____ Phone Number _____

E-mail Address _____

- Please note:**
- Monthly Gifts will be deducted on the first of the month. For credit card transactions, regardless if it is a weekend or holiday, it will be charged on the first day of the month; for ACH transactions, if the first of the month falls on a weekend/holiday, it will be deducted on the next business day. The transaction will appear on your statement as "LogosMissions" or "Christian Mutual Medical A".
 - Failure to make Monthly Gift payments for three (3) months without contacting CMM to resolve issues will result in the automatic cancellation of CMM membership.
 - Email, fax, mail the completed Form or access your member portal to update. To avoid delays, please make sure you completely fill this Form and attach all required materials.

SECTION B TRANSACTION INFORMATION

Bank Transfer (ACH)

Account Type Name on Account _____

CHECKING _____

SAVING _____

Bank Name _____

Account Number _____

Routing Number _____

Bank City/State _____ 9 DIGITS

Please attach a voided check for confirmation of account numbers.

Update Payments Online

You can now update your payment method through our member portal. You can access this portal at www.cmmlogos.org. In addition to updating your payment method, you will have access to your payment history, forms and other resources.

Debit / Credit Card

Card Type Name as it Appears on the Card _____

VISA _____

MASTERCARD _____

DISCOVER _____

Card Number _____

Expiration Date CVV _____

MM/YY 3 DIGITS ON BACK OF CARD

Billing Zip Code _____

SECTION C AGREEMENTS

I authorize Christian Mutual Med-Aid (CMM) / Logos Missions, Inc. to charge my Monthly Gift to the payment method provided and understand that this charge will occur on the first day of each month until I notify CMM to cancel. I confirm that I am an authorized user of this credit card or bank account and assume full responsibility for all transactions initiated under this agreement. In the event that my payment information changes or I wish to cancel recurring payments, I agree to notify CMM before the end of the month. If a monthly payment is not successfully processed due to an expired card, stopped ACH payment, etc. I understand that CMM will charge an additional \$20.00 processing fee and will deactivate my recurring payments. To reactivate the recurring payments, I must contact the CMM Accounting Department.

Account Holder Signature _____ Date _____