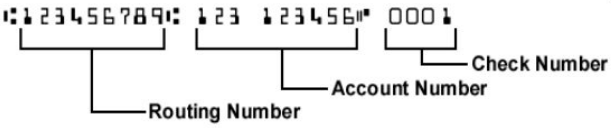


Authorization Agreement For Automatic Withdrawal of Funds

Biblical Mennonite Alliance
63645 Hidden Ridge Ct, Goshen, IN 46528

Email: bmabookkeeper@gmail.com
Telephone: 574-849-3735

First Name	Last Name
Address	
Telephone	Email

Please debit my donation from my: (check one) <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Month of first donation: _____ Day of month for transfer: (check one) <input type="checkbox"/> 5th of each month <input type="checkbox"/> 12th of each month <input type="checkbox"/> 19th of each month <input type="checkbox"/> 26th of each month	Routing Number Account Number  <p style="font-size: small; text-align: center;"> ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 1 2 3 4 5 6 ⑆ 0 0 0 1 └──────────┬──────────┬──────────┬──────────┘ Routing Number Account Number Check Number </p>
---	--

Fund designations and amounts			
<input type="checkbox"/>	BMA General fund	\$ _____	
<input type="checkbox"/>	DNI General fund	\$ _____	<input type="checkbox"/> Elnora Bible Institute Operating
<input type="checkbox"/>	DNI Worker Support, undesignated	\$ _____	<input type="checkbox"/> Elnora Bible Institute Capital
<input type="checkbox"/>	DNI Worker Support, worker's name	\$ _____	<input type="checkbox"/> Elnora Bible Institute Scholarship
<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/> MTC Operating
<input type="checkbox"/>	DNI Special Project, project name	\$ _____	<input type="checkbox"/> MTC Capital Improvements
<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/> Orphanage Sponsorship, child's name
<input type="checkbox"/>	Short Term Mission Teams	\$ _____	<input type="checkbox"/> _____
<input type="checkbox"/>	Disaster Service Activities	\$ _____	<input type="checkbox"/> Orphanage Operating
<input type="checkbox"/>	Voluntary Service Opportunities	\$ _____	<input type="checkbox"/> Orphanage Capital
			<input type="checkbox"/> Other fund _____

Special instructions or further details for fund designations

AGREEMENT I authorize the Biblical Mennonite Alliance and Interra Credit Union to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.
 Authorized Signature: _____ Date: _____

Please staple voided check here