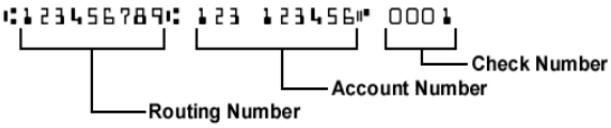


**Authorization Agreement For Automatic Withdrawal of Funds**

**Biblical Mennonite Alliance**  
P.O. Box 218, Elnora, IN 47529

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

|            |           |
|------------|-----------|
| First Name | Last Name |
| Address    |           |
| Telephone  | Email     |

|   |  |
|---|--|
| Please debit my donation from my: (check one)<br><input type="checkbox"/> Checking Account<br><input type="checkbox"/> Savings Account<br><br>Month of first donation: _____  | Routing Number<br><br>Account Number<br><br> |
| Day of month for transfer: (check one)<br><input type="checkbox"/> 5th of each month <input type="checkbox"/> 12th of each month<br><input type="checkbox"/> 19th of each month <input type="checkbox"/> 26th of each month |  |

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