



CMA Electronic Fund Transfer Enrollment Form

CMA offers this Electronic Fund Transfer program that is safer, convenient and less time consuming than writing and mailing checks. There is no cost to you for this service.

Please enroll me in CMA's Electronic Fund Transfer Donor Plan. I understand that I will receive a tax-deductible receipt for each contribution. **Please check each circle below that applies to your interest.**

- I authorize my bank to deduct the amount indicated on the day shown below. **My voided check is attached.** (Please do not send a deposit slip as it does not have the pertinent information that banking services require)

Select the date that is best for you to have your contribution transferred each month.

- I authorize CMA through EFT to draft my bank account each month in the amount of \$ _____ on the **5th** of each month to begin on:
(Month) _____ (Year) _____
- I authorize CMA through EFT to draft my bank account each month in the amount of \$ _____ on the **15th** of each month to begin on:
(Month) _____ (Year) _____

Name as on your account: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

My gift Preference is for (Missionary name, CMA operations, Pastoral training, book fund, or other as you desire to designate)

_____ Amount: \$ _____
 _____ Amount: \$ _____
 _____ Amount: \$ _____

For Office Use Only:	
ID#	Amount: \$ _____
Designation:	Amount: \$ _____

Please send completed form to:
 CMA
 PO Box 9161
 Chattanooga, TN 37412