

Recurring Monthly Gift Payment Authorization Form

Schedule your monthly gifts to be automatically deducted from your bank account, or charged to your Visa, MasterCard, or Discover Card. Just complete and sign this form to get started!

Recurring Monthly Gift Giving Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your Monthly Gift is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Monthly Gift Giving Works:

You authorize regularly scheduled charges to your checking account or credit card. You will be charged the amount indicated below for each billing period. A receipt for each Monthly Gift payment will be emailed to you and the charge will appear on your bank statement as "Logos Missions, Inc." or "Christian Mutual Med-Aid". You understand that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from CMM.

Please complete the information below:

I, _____, _____
(Full Name)
 authorize Christain Mutual Med-Aid (Operated by Logos Missions, Inc.) to charge 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 Program Level _____

CHECKING ACCOUNT

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

Name on Account _____

Bank Name _____

Bank Routing # (9-Digits)

Account Number _____

Bank City/State _____

**** EXAMPLE ****

123456789
1002345678

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 next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that CMM may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. 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 terms indicated in this authorization form.