



**Christian Investors Financial**  
 901 East 78th Street, PO Box 20759  
 Minneapolis, MN 55420-0759  
[www.ChristianInvestors.org](http://www.ChristianInvestors.org)

**AUTOMATIC INVESTMENT FORM**

**ACCOUNT HOLDER INFORMATION**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CERTIFICATE INSTRUCTIONS**

- Establish a new automatic investment to my existing Demand Certificate # \_\_\_\_\_
- Open a new Demand Certificate (Subscription Agreement attached)
- Change the automatic investment option to my existing Demand Certificate # \_\_\_\_\_
- Terminate my automatic investment option to my existing Demand Certificate # \_\_\_\_\_

**AUTOMATIC INVESTMENT INSTRUCTIONS** By completing this section of the form you (a) agree to establish or change an automatic monthly investment in your Demand Certificate referenced above, (b) authorize Christian Investors Financial® (CIF) to transfer the amounts shown on each day of the month listed below from your financial institution account to your Demand Certificate, (c) authorize CIF to take corrective action in the event of an erroneous credit or debit to or from your financial institution account, (d) agree to provide CIF at least 30 days' written notice of any change or modification of this authorization, and (e) if signing on behalf of a corporation or other entity, certify that you are an authorized signer on the financial institution account identified below and agree to be bound by the requirements of the NACHA Operating Rules as they pertain to ACH transfers initiated by CIF. I also authorize CIF, at its option, to authenticate the validity of my bank account by making two small deposits and one withdrawal for the sum of the two deposits, the amounts of which I must confirm before my automatic investments begin.

\$ \_\_\_\_\_ Amount of Monthly Transfer (\$25 minimum)

\_\_\_\_\_ Date(s) of the month (when the date falls on a weekend or holiday the transfer will occur on the next business date)

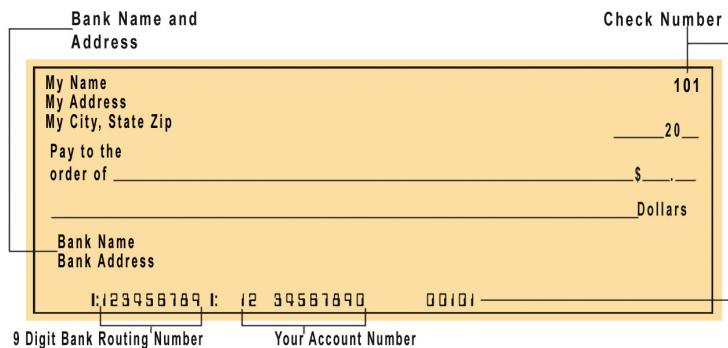
\_\_\_\_\_ Desired Starting Month

**FINANCIAL INSTITUTION ACCOUNT INFORMATION** You must also complete the financial institution account information below and attach a voided check or savings withdrawal slip to enroll in this service.

Account Name(s) \_\_\_\_\_ Account Number \_\_\_\_\_

Name of Institution \_\_\_\_\_ Routing Number of Institution \_\_\_\_\_

Type of Account:  Checking  Savings



**PLEASE ATTACH A VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP FOR YOUR ACCOUNT HERE.**