



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

**DIRECT DEPOSIT AUTHORIZATION**

**ACCOUNT HOLDER INFORMATION**

|                         |                           |
|-------------------------|---------------------------|
| _____<br>Name           | _____<br>Signature        |
| _____<br>Name           | _____<br>Signature        |
| _____<br>Street         | _____<br>Apartment Number |
| _____<br>City and State | _____<br>Zip Code         |

Investment Certificate Numbers(s) – if none listed, all Certificates owned by owner(s) above, will be included

I (we) hereby authorize Christian Investors Financial® (CIF) to direct deposit the periodic interest payments on my (our) Term Certificate(s) to the Financial Institution account listed below, and authorize CIF to take corrective action in the event of any erroneous credits or debits to or from my (our) account. I (we) agree to provide Christian Investors Financial at least 30 days written notification to request any changes or modifications to this authorization. If signing on behalf of a corporation or other entity, I (we) certify that I am (we are) authorized signers on the financial institution account described below and agree to be bound by the requirements of the NACHA Operating Rules as they pertain to ACH Transfers initiated by CIF.

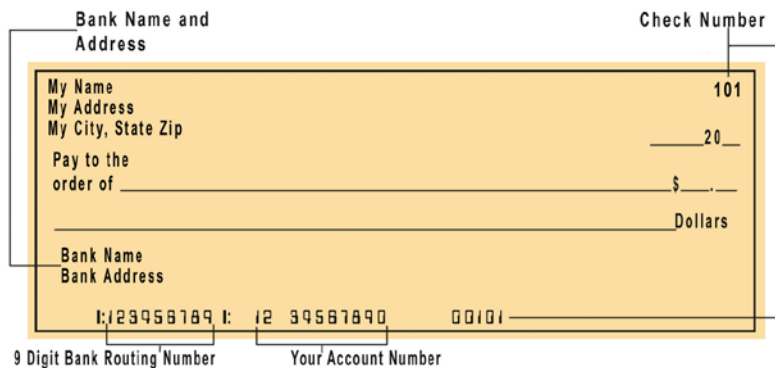
**REQUEST FOR INTEREST PAYMENT BY DIRECT DEPOSIT** Select the frequency or change by checking the appropriate box below.

- Monthly
- Quarterly
- Cancel my direct deposit on the above referenced Investment Certificate(s) and begin compounding my interest.

**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 _____                |
| Financial Institution _____ | Routing Number of Institution _____ |

Type of Account:                       Checking                       Savings



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