

Draft Authorization Form

I (We) hereby authorize CBM Ministries of the Mid-Atlantic, Inc. (Camp Grace) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entry in error to my (our) account indicated below and Lumbee Guarantee Bank to credit and/or debit the same to such account. This authority is to remain in full force and effect until CBM has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CBM and the Depository a reasonable opportunity to act on it.

I (We), _____, wish to donate \$_____ per month to CBM Ministries of the Mid-Atlantic, Inc. I (We) understand that this amount will be automatically deducted from my (our) account on the 21st day of each month.

Signature (s): _____

Print Name (s): _____

Mailing Address: _____

Phone #: _____

Financial Institution's Name and Address: _____

Where would you like your donation to be deducted from? Circle One: Checking or Savings

If you have a specific area of CBM that you would like your donation to go toward, please list it here: _____

** Please attach a voided check to this form & mail it to:

CBM Ministries/Camp Grace 145 Grace Dr. Fairmont, NC 28340

Attach Voided Check Here