

Draft Authorization Form

I (We) hereby authorize Children's Bible 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 Guaranty 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 Children's Bible Ministries of the Mid-Atlantic, Inc. I (We) understand that this amount
will be automatically deducted from my (our) account on or around the 15th day of each month.**

Signature (s): _____

Printed Name (s): _____

Mailing Address: _____

Phone #: _____

What account is your donation to be deducted from? Circle One: CHECKING or SAVINGS

Financial Institution's Name & Address: _____

If you have a specific area of CBM (general fund, scholarship fund, a missionary, etc.) that you would like your donation to be applied to, list is here: _____

* Attach a Voided Check Here *

Mail to: CBM/Camp Grace 145 Grace Dr. Fairmont, NC 28340