



Complete the form below to set up a secure, automatic withdrawal of your monthly share from your current bank account. By choosing automatic transfer, you save yourself time and money. Most importantly, you make certain that your monthly share will be helping members month after month, with no action required on your part!

**Please select which program(s) you would like CCM to initiate an EFT on your behalf.**

- Medi-Share** - I hereby authorize CCM to make such withdrawals monthly on the \_\_\_\_ day of the month.  
*(Please indicate which day you would like the withdrawal made from the 15th to the 31st. Your monthly share is withdrawn for the following month's share.)*
- Extra Blessings** - I hereby authorize CCM to withdraw \$\_\_\_\_ on the same date of my Medi-Share withdrawal.  
If I am not a Medi-Share member, the withdrawal will be made on the 31st.
- Manna** - I hereby authorize CCM to make such withdrawals monthly on the \_\_\_\_ day of the month.  
*(Please indicate which day you would like the withdrawal made from the 1st to 20th.)*

## Electronic Funds Transfer Agreement

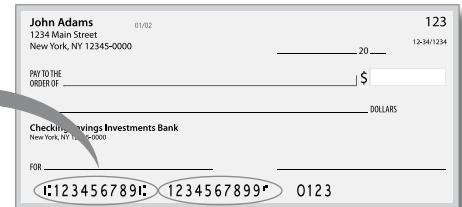
I hereby authorize Christian Care Ministry, Inc. ("CCM"), to initiate withdrawals from my account identified below in the amount of the then current monthly share amount for payment of one or more members' financial need(s), and CCM administrative fee, and any allocated Extra Blessings amount I further authorize my bank to debit from my account such aggregate amount. I hereby authorize CCM to make such withdrawals monthly.

This authority is to remain in full force and effect until the earlier of (1) CCM or my bank receiving written notification from me of the termination of this authority, subject to such time as to afford CCM and my bank a reasonable opportunity to act on it or (2) the termination of my membership with CCM.

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
9 DIGIT BANK ABA NUMBER

Checking  Savings \_\_\_\_\_  
YOUR ACCOUNT NUMBER



\_\_\_\_\_  
PRIMARY ACCOUNT OWNER

**SIGN HERE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
HOUSEHOLD NUMBER

\_\_\_\_\_  
JOINT ACCOUNT OWNER (IF APPLICABLE)

**SIGN HERE**

\_\_\_\_\_  
SIGNATURE

**New Member:** Please note that your first month's share must be paid by check or credit card. If you choose EFT, your automatic withdrawal will occur on your second month of Medi-Share membership.

**Current Members** who submit this form prior to the chosen EFT withdrawal date will have their EFT withdrawn in the same month; if not, the EFT will begin the month after the form is submitted.

**Mail:** Christian Care Ministry, PO Box 120099, West Melbourne, FL 32912  
**Applicants/New Members return with POA by Fax to:** (321) 722-5134 **Members Fax to:** (321) 722-5139  
**Questions:** Call (800) 264-2562