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DIRECT DEPOSIT ENROLLMENT FORM

Completed this form to receive CID Church Extension Fund payments into your checking account by Direct Deposit.

DATE: _____

Choose One:

- ____ NEW
____ CHANGE EXISTING DIRECT DEPOSIT FORM
____ CANCEL EXISTING TRANSFER

CUSTOMER NAME(S): _____

CHECKING ACCOUNT NUMBER: _____

ROUTING #: _____

VOIDED CHECK MUST BE ATTACHED TO THIS FORM
DO NOT ATTACH A DEPOSIT TICKET

CEF ACCOUNT # OR TRANSACTION DESCRIPTION: _____

DATE TO BEGIN TRANSFERS: _____

CHOOSE ONE: ONE TIME TRANSFER _____ ONGOING TRANSFER _____

I HEREBY AUTHORIZE CID CHURCH EXTENSION FUND TO MAKE A TRANSFER TO MY CHECKING ACCOUNT ON THE DATE(S) INDICATED ABOVE.

Signature of Owner

Date

Signature of Co-owner (if applicable)

Date

(____) _____ (____) _____ (____) _____

Work Telephone #

Home Telephone #

Cellular Telephone #