



THE ALLIANCE MIDWEST DISTRICT

10070 East US Hwy 36

Avon, IN 46123

Phone: (630) 893-1355

Fax: (630) 893-1027

office@mwcma.org | www.mwcma.org

2025 AUTOMATIC PAYMENT AUTHORIZATION

I hereby authorize the Midwest District of the Christian & Missionary Alliance to initiate debit entries associated to our monthly district giving contribution for _____ (church name) located at _____ in the amount of \$_____ * (and any additional fees that may be assessed for NSF) for the account holder and account listed below on either the 5th or the 20th day of each month (as indicated below) subsequent to the date of the signing of this Authorization form, **beginning in February 2025.**

*This withdrawal amount is broken down to \$_____ for the District Ministry Budget and \$_____ for Church Multiplication. (This should match your 2025 District Giving Calculation Form.)

Complete the following bank account information:

Type of account:

- Checking
- Savings

Date of withdrawal:

- The 5th of every month
- The 20th of every month

Account holder name: _____

Account holder address: _____

Bank name: _____

Bank address: _____

Bank routing number: _____

Bank account number: _____

All ACH debits will occur on **your chosen date (noted above)** unless that date falls on a weekend; otherwise, the debit will be processed on the next business day.

This ACH Authorization has been accepted as presented.

Payee: _____

Recipient: Midwest District of the C&MA

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Please send us a voided check:

MAIL TO:
Alliance Midwest District
10070 East US Highway 36
Avon, IN 46123

SCAN & E-MAIL TO:
mlidgard@mwcma.org

FAX TO:
(630) 893-1027