Authorization for Automatic Payments for Mission Investment Fund Loans

Please complete and sign this form and attach a voided check. Do not send a deposit slip as sometimes the account and routing numbers differ from the checking account number. Fax this form along with a copy of the voided check to 773/380-2817. For questions call the MIF Loan department at 877/886-3522.

Ministry Name (borrower)	City	State	
Contact Name and Title			
The Mission Investment Fund (MIF) is au below for payment to the MIF per the terr account number) for the current loan account	ms and conditions of th	e note and any modif	ications (including the
Loan payments are subject to change barreviews. MIF will send such changes ten			9
This authorization is valid until revoked in understand that MIF must receive this wridate.	• •	•	
Please check one: ☐ MissionPlus ☐ Savings ☐ Checking	ı		
Name on account			
Name of Financial Institution	City	State	
Phone Number of Financial Institution (if	not an MIF account)		
ARA/R ii N. I			
ABA/Routing Number			
Account Number			
Authorized signature required - must match an authorized signer on the account.			
Signed			Date
Print Name		Title	

Mission Investment Fund | 8765 West Higgins Road | Chicago, Illinois 60631 877.886.3522 (toll free) | Fax: 773.380.2817 | e-mail: mif@elca.org