



Electronic Agreement

For Congregational Participation in MIF Synod Financial Services

CONGREGATION NAME _____

CONGREGATION NUMBER _____

ADDRESS _____

CITY, STATE _____

CONTACT NAME _____

TITLE _____

The Mission Investment Fund of the ELCA (MIF) is authorized to withdraw the total amount shown on the congregation's Remittance Form submitted by the above named ministry from the account described below for transfer to the Synod's Mission Investment Fund account.

This authorization is valid until revoked in writing by an authorized representative of the congregation.

ACCOUNT INFORMATION

Please check one:

Our MIF DEMAND account number is _____

Outside Bank information:

BANK NAME _____

ACCOUNT NAME _____

Account Type: Checking Savings

BANK ABA ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

AUTHORIZED SIGNATURE

Authorized signature required, which must match an authorized signer on the account.

NAME (Printed) _____

TITLE _____

AUTHORIZED SIGNATURE _____

DATE _____