



CONVERGE Cornerstone Fund
 2002 S. Arlington Heights Road
 Arlington Heights, IL 60005
 www.bgccornerstonefund.org csfund@baptistgeneral.org
 Phone: 1.800.323.4215 Fax: 1.847.228.5376

Authorization for Automatic Loan Payments

We hereby authorize Converge Cornerstone Fund to make withdrawals from the account named below and authorize the aforementioned financial institution to charge such withdrawals to the listed account. Such withdrawals shall be credited to our loan balance as if we had personally made the payment. This authorization is for loan payments only and shall remain in effect until Loan # _____ is paid off or until we notify Converge Cornerstone Fund in writing that we are terminating this authorization agreement.

Please choose one of the payment options below:

_____ I authorize payment to be transferred from below account for **Full Payment** of our Monthly Loan Payment on the 1st day of each month*.

_____ I authorize payment to be transferred from below account for **Half Payment** of our Monthly Loan Payment on both the 1st and 15th of each month.

Note: 1st half payment will be transferred on the 15th prior to payment due date.

* or the first business day thereafter, in the event that the specified day falls on a non-business day.

Name of Financial Institution			
Routing Number	Account Number	Type of Account Checking _____ Savings _____	
Name of Church			
Address	City	State	Zip
Signature of Authorized Church Representative			Date
Signature of Authorized Church Representative			Date

Please attach a voided check to this authorization form.

<u>Office Use Only</u>
Loan # _____
Start Date _____