



11650 Northland Dr NE, Rockford MI 49341

## Financial Support Declaration by Electronic Funds Transfer (EFT)

I authorize Continental Baptist Missions to initiate  
monthly withdrawals in the amount of \$ \_\_\_\_\_  
to be deposited in the missionary support fund of

**Brian & Brenda Krueger**

This withdrawal is processed on the 15<sup>th</sup> of each month.

Name (Printed)

Signature of Account Owner \_\_\_\_\_ Date \_\_\_\_\_

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Financial Institution Information:

Financial Institution Name

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

**ATTACH A VOIDED CHECK FROM THIS ACCOUNT**

To stop an automatic withdrawal  
or for additional information, contact:

**Shawn Bowers**, CBM Business Manager  
sbowers@cbmoffice.org • (616) 863-2226

**Thank you for partnering with us!**  
[www.thekruegfam.com](http://www.thekruegfam.com)



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Name  
1234 Street  
City, State 12345

PAY TO THE ORDER OF \_\_\_\_\_ \$

**BANK NAME**  
1234 Street, City ST 12345

ROUTING # \_\_\_\_\_ ACCOLINT # \_\_\_\_\_ CHECK # \_\_\_\_\_

1234

**SAMPLE**

Name  
1234 Street  
City, State 12345

PAY TO THE ORDER OF \_\_\_\_\_ \$

**BANK NAME**  
1234 Street, City ST 12345

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ CHECK # \_\_\_\_\_

1234

**SAMPLE**

Name  
1234 Street  
City, State 12345

PAY TO THE ORDER OF \_\_\_\_\_ \$

**BANK NAME**  
1234 Street, City ST 12345

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ CHECK # \_\_\_\_\_

1234

**SAMPLE**