

**Automatic Deposits Authorization**

**Wisconsin United Methodist Foundation**

**AUTHORIZATION AGREEMENT**

**FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

I (we) hereby authorize the Wisconsin United Methodist Foundation to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

**CHECKING SAVINGS** account (select one) indicated below and the financial institution (bank, credit union, savings and loan, etc.) named below, to credit the same such account.

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NAME OF BANK / FINANCIAL INSTITUTION

BRANCH

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BANK ROUTING/TRANSIT/ABA NUMBER

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CITY,

STATE,

ZIP

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CUSTOMER BANK ACCOUNT NUMBER

This authority is to remain in full force and effect until the Wisconsin United Methodist Foundation has received written notification from me (or either of us) or my successor (in the case of an organization) of its termination in such time and in such manner as to afford the Wisconsin United Methodist Foundation and financial institution reasonable opportunity to act on it.

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NAME OF THE ORGANIZATION (OR INDIVIDUAL) AUTHORIZING DIRECT DEPOSITS

Please list your accounts at the Foundation: \_\_\_\_\_

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FOR ORGANIZATIONS, PRINT THE NAME OF THE AUTHORIZING INDIVIDUAL

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1<sup>ST</sup> SIGNATURE

2<sup>ND</sup> SIGNATURE (if required)

DATE

**Please also enclose a voided check from the bank account listed above and mail to the Wisconsin United Methodist Foundation, P.O. Box 620, Sun Prairie, WI 53590-0620**