

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 (select one)

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

NAME OF BANK / FINANCIAL INSTITUTION

ADDRESS

CITY

STATE

ZIP

BANK ROUTING/TRANSIT/ABA NUMBER

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.

NAME OF THE ORGANIZATION (OR INDIVIDUAL) AUTHORIZING DIRECT DEPOSITS

Please list your accounts at the Foundation.
Please also note that once Direct Deposit is initiated, all future disbursements payable to your Organization will be achieved via Direct Deposit to the Bank Account listed above.

FOR ORGANIZATION, PRINT THE NAME OF THE AUTHORIZING INDIVIDUAL(S)

1st SIGNATURE

2nd SIGNATURE (If required.)

DATE

Please also enclose a voided check from the bank account listed above and mail to the Wisconsin United Methodist Foundation, 750 Windsor St. Suite 305, Sun Prairie, WI 53590