



The Mississippi United Methodist Foundation, Inc.
 P. O. Box 2415, Ridgeland, MS 39158-2415
 Phone: 601-948-8845 Fax: 601-360-0843

Direct Deposit Authorization Agreement

Date: _____

Contact Name: _____

Contact Phone #: _____ Contact Email: _____

Name of Church/Institution: _____

List all Account Names and Account Numbers you have with The Foundation for Direct Deposit of Distributions (withdrawals, income distributions, etc), from:

 Foundation Account Name Account Number

 Foundation Account Name Account Number

I authorize The Mississippi United Methodist Foundation, Inc. and the financial institution listed below to electronically deposit distributions to my:

Checking Savings Account Business Personal

 Name of Bank to Receive your Deposit Branch (if any)

 City State Zip Code

 Bank Account Number to receive Deposit Bank Transit/ABA Number

If monies to which I am not entitled are deposited to my account, I authorize The Mississippi United Methodist Foundation, Inc. to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing.

 (Please Print) Name

 Signature

 Title

 Date

Please staple to this form a voided check to verify bank account information for deposits into a Checking Account or a deposit slip for deposits into a Savings Account.