



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize The Free Methodist Foundation to deposit my income payment(s) automatically to me.

Adjusted entries to correct errors are also authorized. This authority will remain in effect until it is cancelled in writing.

Checking account

Savings account

Financial Institution Name

Checking or Savings Account Number

Address

Transit Routing Number

City State Zip

Telephone Number

Important – For checking accounts, please enclose a voided check with the correct account number. Do not send a deposit slip!

Client Name (Print)

Address

City State Zip

Telephone Number

Signature

Date _____

Signature (if joint account)

Date _____

Return to: The Free Methodist Foundation, P.O. Box 580, Spring Arbor, MI 49283 1-800-325-8975