



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

*For distributions to or deposits from Individuals please fill out Section I and Section III
For distributions to or deposits from Church or Institution please fill out Section II and Section III*

ACCOUNT HOLDER – **UMF Fund Number(s)**: _____

SECTION – I (Individuals)

NAME OF ACCOUNT HOLDER: _____

ACCOUNT HOLDER (ADDRESS) _____

ACCOUNT HOLDER/*Social Security Number*: _____

SECTION – II (Church or Institution)

NAME OF ACCOUNT HOLDER: _____

ACCOUNT HOLDER (ADDRESS) _____

ACCOUNT HOLDER - *Federal Tax ID Number*: _____

SECTION – III (Required for Individuals and Churches/Institutions)

FINANCIAL INSTITUTION: _____ BRANCH: _____

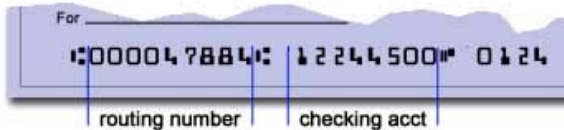
CITY: _____ STATE: _____ ZIP: _____

NAME AS IT APPEARS ON THE ACCOUNT: _____

ROUTING NO: _____ ACCOUNT NO: _____

(9 positions)

Example:
(please also send
a voided check)



I (we) hereby authorize the UNITED METHODIST FOUNDATION to initiate EFT Payments to and from my (our):

Checking Savings Business Checking Business Savings (*select one*). I understand that failure to provide a voided check (copy or image would suffice) or other verifiable source of account info could result in delayed transactions.

This authority is to remain in full force and effect until UMF has received written notification from me (or us) of its termination in such time and in such manner as to afford UMF and the financial institution named above a reasonable opportunity to act on it. Note: Two signatures are required for church/institutional accounts and individual accounts with joint names.

Printed Name: _____ SIGNED X _____ Date: _____

Printed Name: _____ SIGNED X _____ Date: _____

Send this form and a **VOIDED CHECK** or other verifiable source for account info to: United Methodist Foundation, 700 Waterfield Ridge Place Garner, NC 27529 Attn: Amy Stiltner
OR email SECURELY to info@umfnc.org.hush.com