

MINNESOTA UNITED METHODIST FOUNDATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize the Minnesota 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.

FINANCIAL INSTITUTION NAME

BRANCH

ROUTING/TRANSIT/ABA NUMBER

CITY, STATE, ZIP

CUSTOMER BANK ACCOUNT NUMBER

This authority is to remain in full force and effect until the Minnesota 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 Minnesota United Methodist Foundation and financial institution reasonable opportunity to act on it.

NAME OF INDIVIDUAL/ORGANIZATION

NAME OF AUTHORIZED INDIVIDUAL (FOR ORGANIZATIONS)

DATE

1st SIGNATURE

2nd SIGNATURE (if required)

Please also enclose a voided check from the account listed above and mail to the Minnesota United Methodist Foundation, 122 W. Franklin Ave., Minneapolis, MN 55404