



For Office Use Only:

Acknowledgment _____

Initials _____ Transaction # _____

ACH AUTHORIZATION FORM

We hereby authorize the United Methodist Foundation of the Northeast, hereinafter called UMFNE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to our account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority will remain in effect until UMFNE receives written notice from us to terminate, allowing UMFNE and DEPOSITORY a reasonable time to act on it.

BANK ACCOUNT NAME	BANK ACCOUNT NUMBER

FINANCIAL INSTITUTION	INSTITUTION ADDRESS	BANK ROUTING NUMBER

SIGNATURE OF AUTHORIZED PERSON

DATE

CHECK ONE:

We are not currently participating in the Direct Deposit Program:
ADD – Deposit quarterly income payment to the account shown:
Checking or Savings

We are currently participating in the Direct Deposit Program:
CHANGE – Financial Institution and/or account number
CANCEL – Stop my (our) participation in the program

PLEASE BE SURE TO ATTACH A COPY OF A BLANK VOIDED CHECK