



UNITED METHODIST FOUNDATION OF LOUISIANA

8337 Jefferson Highway
Baton Rouge, LA 70809
225.346.1535 or 800.256.9317
Fax: 225.343.0756 Website: www.umf.org

DIRECT DEPOSIT AUTHORIZATION FORM

Information Found On Checks

Most of the information needed to complete this form can be found on your check. Be sure your current address is shown. Please attach a deposit slip or a voided check to the authorization form.

Cancellation

The agreement represented by this authorization remains in effect until cancelled by the payee by written notice to the United Methodist Foundation of Louisiana or by death or legal incapacity of the recipient. Upon cancellation by the payee, the payee should notify the receiving financial institution that he/she is doing so.

Changing Receiving Financial Institutions

The payee's Direct Deposit will continue to be received by the selected financial institution until the United Methodist Foundation of Louisiana is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new authorization form. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

NAME AND ADDRESS OF BANK:

TYPE OF DEPOSIT ACCOUNT: (check one)

_____ Checking
_____ Savings

TELEPHONE NUMBER OF BANK:

ACCOUNT NUMBER:

DEPOSITOR ACCOUNT TITLE:

ROUTING NUMBER:

I certify that I am entitled to the payment identified above, and that I have read and understood the instructions for this form, I authorize my payment to be sent to the financial institution named above and to be deposited to the designated account.

Signature

Date

Signature

Date

FOR OFFICE USE ONLY:

Institution

I.D.

Amount