



METHODIST FOUNDATION  
OF MISSISSIPPI

# Direct Deposit Authorization Agreement

(Please, Type or Print)

Please attach to this form a voided check for a Checking Account or a deposit slip for a Savings Account to verify bank account information.

By signing this form, you give us permission to transfer future withdrawals and distributions directly into your checking or savings account.

Name of Investor/Investing Organization: \_\_\_\_\_

Foundation Account Name: \_\_\_\_\_

Foundation Account #: \_\_\_\_\_

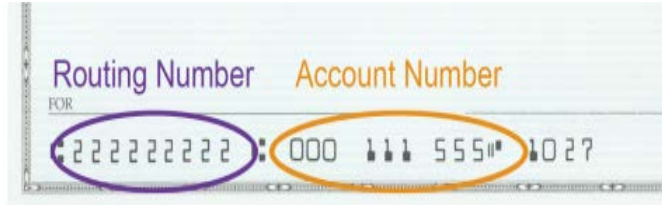
Choose one:      Checking          Savings                  Choose one:      Personal          Business

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank City/State \_\_\_\_\_



By signing below, I authorize the Methodist Foundation of Mississippi, Inc. and the financial institution listed above to electronically deposit funds to the account indicated:

If monies to which I am not entitled are deposited to my account, I authorize the Methodist Foundation of Mississippi, Inc. to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing.

\_\_\_\_\_  
(Please Print)      Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

You may request a secure a link by emailing [accounting@methodistfm.org](mailto:accounting@methodistfm.org)