



METHODIST FOUNDATION OF MISSISSIPPI

One Time Electronic Draft Authorization Form

(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.

Sign and complete this form to authorize the Methodist Foundation of Mississippi, Inc. to make a one-time transfer from your bank checking or savings account to your Foundation account.

By signing this form you give us permission to transfer the amount specified below on or after the indicated date. This permission is for a single transaction only, and does not provide authorization for any additional unrelated transfers to or from your bank account.

Name of Investor/Investing Organization: _____

Foundation Account Name: _____

Foundation Account #: _____

Amount of Deposit: \$ _____ on or after date: _____

Choose one: Checking Savings Choose one: Personal Business

Bank Name: _____

Bank Routing Number _____

Bank Account Number _____

Bank City/State _____



I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that the Methodist Foundation of Mississippi, Inc. may at its discretion attempt to process the charge again within 30 days, I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the Methodist Foundation of Mississippi, Inc.'s billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

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

(Please Print) Name

Signature

Title

Date You may

Request a secure email link by emailing accounting@methodistfm.org