



METHODIST FOUNDATION  
OF MISSISSIPPI

# Deposit Form

(Please, Type or Print)

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Deposit by: Check: ☐ ACH (Agreement on File): ☐ ACH (Agreement Included): ☐  
(ACH Authorization Form located on website  
<https://methodistfm.org/download-forms/>)

Frequency of Deposit (if by Bank Draft):

Effective date: \_\_\_\_\_ (insert date)

☐ **One Time Only**

☐ Monthly

☐ Quarterly

Recurring ACH's will remain in effect until the Foundation receives a written request to cancel automatic deposits. Written cancellation requests must be received 5 business days before the next scheduled ACH.

If depositing by check, please make checks payable to: **Methodist Foundation of Mississippi**

If depositing by ACH, please sign below.

**I authorize the Methodist Foundation of Mississippi, Inc. and my financial institution to electronically transfer the amount above to the Foundation account indicated:**

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

Please request a secure email link by emailing [accounting@methodistfm.org](mailto:accounting@methodistfm.org) or calling (601)948-8845.