



METHODIST FOUNDATION
OF MISSISSIPPI

Deposit Form

Deposit into MFM Account

(Please, Type or Print)

Date: _____

Contact Name: _____

Cell 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 ACH):

Effective date: _____ (insert date)

One Time Only

Recurring:

Monthly

Spending Plan (Long Term Account Only)

Quarterly

If using ACH, please provide the last 4 digits of the bank account number you wish to use: _____

Recurring deposits will remain in effect until the Foundation receives a written request to cancel all deposits. Written cancellation requests must be received no less than 5 business days before the next scheduled deposit.

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

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

Requests may be sent via email accounting@methodistfm.org, fax, 601-360-0843, or mail, PO Box 2415, Ridgeland, MS 39158. You may request a secure email link by emailing accounting@methodistfm.org or calling (601)948-8845.