

# Minnesota United Methodist Foundation

## AUTHORIZATION AGREEMENT

### For Automatic Deposits (ACH Credits)

I (we) hereby authorize the Minnesota United Methodist Foundation to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **CHECKING** \_\_\_\_\_ **SAVINGS** \_\_\_\_\_ account (select one) indicated below and the financial institution (bank, credit union, savings and loan, etc.) named below, to credit the same such account.

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Financial Institution Name

Branch

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Routing Number/ABA Number

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City, State, Zip

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Customer Bank Account Number

This authority is to remain in full force and effect until the Minnesota United Methodist Foundation has received written notification from me (or either of us) or my successor (in the case of an organization) of its termination in such time and in such manner as to afford the Minnesota United Methodist Foundation and financial institution reasonable opportunity to act on it.

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NAME OF INDIVIDUAL/ORGANIZATION

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NAME OF AUTHORIZED INDIVIDUAL (FOR ORGANIZATIONS)

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DATE

1<sup>st</sup> SIGNATURE

2<sup>nd</sup> SIGNATURE (if required)

*Please fax completed form to: 612-230-3673*

*Mail original form with an enclose a voided check to:*  
**Minnesota United Methodist Foundation**  
**122 W Franklin Ave, Ste 210**  
**Minneapolis, MN 55404**