



Minnesota Methodist Foundation

AUTHORIZATION AGREEMENT For Automatic Deposits (ACH Credits)

I (we) hereby authorize the Minnesota 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.

Financial Institution Name

Branch

City, State, Zip

Routing Number/ABA Number

Customer Bank Account Number

This authority is to remain in full force and effect until the Minnesota 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 Methodist Foundation and financial institution reasonable opportunity to act on it.

NAME OF INDIVIDUAL/ORGANIZATION

NAME OF AUTHORIZED INDIVIDUAL (FOR ORGANIZATIONS)

DATE

1st SIGNATURE

2nd SIGNATURE (if required)

Please fax completed form to: 612-230-3673

Mail original form with an enclose a voided check to:

Minnesota Methodist Foundation

PO Box 26423

Minneapolis, MN 55426