



42 Route 111 / Suite 200
Derry NH 03038

DIRECT DEPOSIT AUTHORIZATION FORM

I (We) hereby authorize the United Methodist Foundation of New England, hereinafter called UMFNE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority will remain in effect until UMFNE receives written notice from me to terminate, allowing UMFNE and DEPOSITORY a reasonable time to act on it.

BANK ACCOUNT NAME	BANK ACCOUNT NUMBER

FINANCIAL INSTITUTION	INSTITUTION ADDRESS	BANK ROUTING NUMBER

SIGNATURE OF AUTHORIZED PERSON

DATE

➤ CHECK ONE:

____ We are not currently participating in the Direct Deposit Program
ADD – Deposit annuity/quarterly income payment to the account shown:

____ Checking or ____ Savings

____ We are currently participating in the Direct Deposit Program
____ CHANGE – Financial Institution and/or account number
____ CANCEL – Stop my (our) participation in the program

➤ PLEASE ATTACH A COPY OF A BLANK, VOIDED CHECK