



**Direct Deposit Authorization Form**

*Tithe your will*

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Telephone Number \_\_\_\_\_

Type of Deposit Account:

\_\_\_\_\_ Checking

\_\_\_\_\_ Savings

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

*(Please confirm the routing number with your bank as it does not always match the number on your check.)*

Payee Name \_\_\_\_\_

*I certify that I am entitled to the payment identified above and that I have read and understood the instructions for this form. I authorize my payment to be sent to the financial institution named above and to be deposited to the designated account. In the interest of accuracy, I have attached a **voided check** which further confirms the above routing number and account number.*

**Cancellation**

The agreement represented by this authorization remains in effect until cancelled by the payee by written notice to the Rocky Mountain United Methodist Foundation, Inc. or by death or legal incapacity of the recipient. Upon cancellation by the payee, the payee shall also notify the receiving financial institution of the cancellation.

**Changing Receiving Financial Institutions**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Rocky Mountain United Methodist Foundation, Inc. is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new Direct Deposit Authorization Form. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. the new financial institution confirms receipt of the payee's Direct Deposit payment.

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Position*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Position*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*