



By completing this form, you are electing to have any payments for services rendered to the Florida United Methodist Foundation Inc. deposited electronically into the bank account of your choice.

Please complete this form and return it to the foundation with a VOIDED CHECK.

COMPANY: The Florida United Methodist Foundation Inc.

I hereby authorize the Florida United Methodist Foundation Inc. to initiate credit entries to my

CHECKING ACCOUNT or  SAVINGS ACCOUNT

as directed below and with the bank named below.

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_\_ BANK ACCOUNT NO: \_\_\_\_\_

This authority is to remain in full force and effect until the Florida United Methodist Foundation Inc. has received written notification from me of its termination in such time and manner as to afford the Florida United Methodist Foundation Inc. and the bank indicated above a reasonable opportunity to act on it.

Name (please print): \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_ Automatic transaction notification by (select one):  Email  Mail

Signature: \_\_\_\_\_