



DIRECT DEPOSIT AUTHORIZATION AGREEMENT ANNUITY AND TRUST PAYMENTS



Please attach a voided check below.

I (we) hereby authorize EFCA FOUNDATION, hereinafter called FOUNDATION, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my (our)

Depository Name _____	Branch _____
City _____	State _____ Zip _____
Telephone Number _____	
Routing (ABA) No. _____	Account No. _____
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

ATTACH VOIDED CHECK HERE

This authority is to remain in full force and effect until FOUNDATION has received notification from me (either of us) in writing of its termination in such time and in such manner as to afford FOUNDATION and DEPOSITORY a reasonable opportunity to act on it.

Signature _____	Date _____	
Print Name _____	Email _____	
Home Phone _____	Work Phone _____	Mobile Phone _____
Home Address _____		