



DIRECT DEPOSIT AUTHORIZATION FORM
EVANGELICAL FREE CHURCH OF AMERICA FOUNDATION
ANNUITY 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) Checking/Savings account indicated below and further authorize the depository below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account.

Account Ownership

Owner Name:

First
Middle
Last

Second Owner Name:

First
Middle
Last

SAMPLE CHECK form with fields for Date, Pay to the Order of, Amount, Memo, and MICR line (Routing Number, Account Number, Check Number).

ATTACH VOIDED CHECK HERE

For your savings account number, check your bank, credit union statement, or account documents provided when you opened your account. *Credit union customers: To ensure proper processing please verify your account and routing transit numbers with your credit union since the correct numbers may be different than those appearing on your check.

Financial Institution Name, Address, City, State, Zip, Telephone Number, Routing (ABA) No., Account No., Type of account: Checking/Savings

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 FINANCIAL INSTITUTION a reasonable opportunity to act on it.

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