



# 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) 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		123
		Date _____
Pay to the Order of _____	\$	<input type="text"/>
		_____ Dollars
Memo _____		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Routing Number	Account Number	Check Number

For your savings account number, check your bank, credit union statement, or account documents provided when you opened your account.

ATTACH VOIDED CHECK HERE

Financial Institution Name _____	
Financial Institution Address _____	
City _____ State _____ Zip _____	
Telephone Number _____	
Routing (ABA) No. _____ Account No. _____	
<small>(typically 9 digits)</small>	<small>(Maximum 13 digits; do not include check number)</small>
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> 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 _____		