



Direct Deposit Authorization Form

Annuity & 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 _____ \$ _____

_____ Dollars

Memo _____

⑆0⑆ 2345678⑆ 2345678⑆ ⑆0⑆ 123

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. *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 _____

Financial Institution Address _____

City _____ State _____ Zip _____

Telephone Number _____

Routing (ABA) No. _____ Account No. _____
(typically 9 digits) (Maximum 13 digits; do not include check number)

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 _____