



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH TRANSFERS)

I (we) hereby authorize the Kansas Area United Methodist Foundation, Inc. to initiate credit entries and to initiate, if necessary, debit entries as adjustments for any credit entries made in error, to the CHECKING SAVINGS account (select one) indicated below and the financial institution (bank, credit union, etc.) named below.

Name of Financial Institution Branch, if applicable

Address, City, State and Zip Code of Financial Institution

Bank Routing/ABA Number

Customer's Bank Account Number at Financial Institution

This authorization is to remain in full force and effect until the Kansas Area United Methodist Foundation, Inc. has received written notification from the following named individual(s) or organization of its termination in such time and in such manner as to afford the Kansas Area United Methodist Foundation, Inc. and the financial institution reasonable opportunity to act on it.

Name of Individual, Church or Agency authorizing ACH Transfers

Print Name of the Person signing this form

First Signature Second Signature (if required) Date

This authorization applies to the following KAUMF account(s): _____

Please attach to this form a voided check or deposit form for the financial institution account listed above, and mail this completed form to the Kansas Area United Methodist Foundation, P O Box 605, Hutchinson, Kansas 67504-0605.