



**AUTHORIZATION AGREEMENT FOR  
AUTOMATIC DEPOSITS (ACH TRANSFERS)**

I (we) hereby authorize the Kansas Area United Methodist Foundation, Inc., EIN 48-0697195, known as the Kansas Methodist Foundation, 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 Methodist Foundation 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 Methodist Foundation 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

\_\_\_\_\_  
Email Address for confirmation

This authorization applies to the following Foundation 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 Methodist Foundation, PO Box 605, Hutchinson, Kansas 67504-0605.