



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

I/We hereby authorize the Kansas Methodist Foundation, Inc., EIN 48-0697195 to initiate credit and/or debit entries to/from the following CHECKING SAVINGS account (select one) indicated below and the financial institution (bank, credit union, etc.) named below. The type of entry will be determined by subsequent or prior documentation provided by Individual, Church or Agency as noted 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.