



---

## Direct Deposit Instructions

1. Read and sign authorization agreement.
2. Scan or photograph the completed direct deposit authorization and a check or withdrawal slip.
3. For security purposes, call Georgia Baptist Foundation, Inc. at **770-452-8338** or email **[support@gbfoundation.org](mailto:support@gbfoundation.org)** for a secure link to submit your form online.

### AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I understand that Georgia Baptist Foundation, Inc. will only deposit funds to an account owned by the beneficiary described in a fully executed fund agreement.

I authorize Georgia Baptist Foundation, Inc. to electronically deposit any distribution to which my organization is entitled to the bank account specified on the voided check attached.

If monies to which my organization is not entitled are deposited into its account, I authorize Georgia Baptist Foundation, Inc. to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until revoked by me in writing.

Organization \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### BANK AUTHORIZATION INFORMATION

Account Type:  Checking  Savings

Bank Name: \_\_\_\_\_

Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_



---

Authorized Signature

Date:

---

Authorized Signature

Date:

**BE SURE TO INCLUDE A VOIDED CHECK OR WITHDRAWAL SLIP**  
( Must be preprinted with Organization's name and address )

INSTITUTION NAME  
1234 STREET ST.  
CITY, GA 30000

5719

DATE: \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

MEMO: \_\_\_\_\_

000045678000 0000:1 11 0000

Security Features Detailed on Back.