

# DIRECT DEPOSIT AUTHORIZATION FORM INSTRUCTIONS

1. Read and sign authorization agreement.
2. Staple a voided check in space provided below.
3. Return form in enclosed pre-addressed envelope.

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I authorize Georgia Baptist Foundation, Inc. to electronically deposit my distribution to the bank account specified on the voided check stapled below.

If monies to which I am not entitled are deposited to my 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.

**CHURCH/INSTITUTION NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**ACCOUNT TYPE:**    **CHECKING** \_\_\_\_\_ **SAVINGS** \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_

**BANK ADDRESS:** \_\_\_\_\_

**BANK PHONE NUMBER:** \_\_\_\_\_

**ROUTING NUMBER:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

**STAPLE A VOIDED CHECK OR SHAREDRAFT HERE (Must be preprinted with institution's name and address)**

\_\_\_\_\_ I/We choose not to participate with the Direct Deposit service and would like a paper check. I/We understand that a cost recovery fee of \$25.00 is charged on each account for this service. This fee may be amended from time to time and I/We will be notified of any changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date