
Direct Deposit Authorization For Individuals

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** for a secure link to submit your form online.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

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

I authorize Georgia Baptist Foundation, Inc. and Truist to electronically deposit any distribution to which the I am entitled to the bank account specified on the voided check attached.

If monies to which I am not entitled are deposited into my account, I authorize Georgia Baptist Foundation, Inc. and Truist to return said funds. This authority will remain in effect until I have filed a new authorization or until revoked by me in writing.

Name:

Street Address:

City:

State:

Zip:

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Phone:

Email:

BANK AUTHORIZATION INFORMATION

Account Type: Checking Savings

Bank Name:

Routing No.:

Account No.:



Authorized Signature

Date:

STAPLE A VOIDED CHECK HERE


(Must be preprinted with individual's name and address)

INSTITUTION NAME
1234 STREET ST.
CITY, GA 30000

5719

DATE: _____

PAY TO THE ORDER OF: _____ \$

_____ DOLLARS  Security Features Detailed on Back

MEMO: _____

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