

DIRECT DEPOSIT AUTHORIZATION LETTER

Sincerely,		
you for your consideration	submitted with this form per Foundati in this matter.	on procedures. Thank
		sonal Checking Personal Savings
Bank Branch Physical Add		
Bank Account Number:		
Bank ABA Routing Numbe	r:	
Account Holder's Name: _		
Bank Name:		
Routing/Transit # (A 9-digit number alwa between these two ma		Check # (this number matches the number in the upper right corner of the check— not needed for sign-up)
1:0123456781	123456789# 0101	
notice of its termination in reasonable opportunity to	such time and in such manner as to act on it.	afford Foundation and Bank
This authorization is to rer	nain in full force and effect until Four	ndation and Bank have received written
-	ncial service providers, to debit the ac	count for an amount not to exceed the
either directly or through it	s financial service partners, to the ac erroneously into the account, author	count listed below. In the event that
•	o the account at the financial institut ize Bank to accept and to credit any o	ion (hereinafter "Bank") indicated on credit entries indicated by Foundation,
,	Church name, Agency name or Don	or name(s)
The Faith Foundation (her service partners, to depos	einafter "Foundation"), is authorized, or t any amounts owed to	either directly or through its financial
Foundation Account #:	_	
From:		

This completed form, along with a $voided\ check\ (\underline{not}\ a\ deposit\ slip)\ can\ be\ submitted\ via\ mail,\ email,\ or\ fax.$