



Methodists Helping Methodists

F O U N D A T I O N

Direct (ACH) Deposit & Withdrawal Authorization Form

Date: _____

Bank Account Owner Name: _____

Address _____

City _____ State _____ Zip _____

Contact Name _____

Phone _____ - _____ - _____ Email _____

Bank Name: _____

Bank Address _____

Bank City _____ State _____ Zip _____

Bank Telephone #: _____

Select Type of Deposit Account: Checking Savings

Bank Routing # _____ Bank Account Number _____

Payee Name: _____

For corporate accounts, use name of church or organization

For individually owned or trust accounts name of individual

This is for transactions related to Methodists Helping Methodists Foundation Account(s):

For all accounts, write "All".

____ I/We authorize ACH payment or collection to and from the financial institution and bank account named above

____ I/We have attached a voided check.

The agreement represented by this authorization remains in effect until cancelled by the payee or the payee's representative in writing or by email to the Methodists Helping Methodists Foundation. Upon cancellation by the payee, the payee shall also notify the receiving financial institution of the cancellation.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone: _____ Email: _____

2nd Signature (optional): _____ Date: _____

Printed Name: _____ Title: _____

Phone: _____ Email: _____

Send to: 7350 E Progress Pl, Ste 205, Greenwood Village CO 80111
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