



MB LOAN FUND DIRECT DEPOSIT AUTHORIZATION FORM

Please print clearly using blue or black ink.

Check one: New Enrollment Change

ORGANIZATION/INDIVIDUAL INFORMATION

Name(s) _____

Address _____

City, State & Zip _____ Telephone Number _____

Certificate Number _____ Disbursement Amount (minimum \$50) _____

Deposits are to be made on the **3rd** of the month. Monthly Quarterly Semi-Annually Annually

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name _____

Address _____

City, State & Zip _____

Telephone Number _____ Type of Account: Checking Savings

Routing Number _____ Account Number _____

Please enclose voided check.

AUTHORIZATION

I authorize Mennonite Brethren Loan Fund to initiate electronic credit entries and if necessary, debit entry adjustments for any credit entries in error to my account. I understand that the disbursement amount will be credited to my account on the 3rd of the month as indicated above or the next business day if the selected day falls on a weekend or banking holiday. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I understand that MB Loan Fund must receive this form 10 business days before the ACH transaction will occur. This authority will remain in effect until MBLF has received written notification from me of its termination or change in terms in such time and manner as to afford MBLF a reasonable opportunity to act on it.

Authorized Signature Date

Print Name

Authorized Signature (if applicable) Date

Print Name