



CHARITABLE GIFT ANNUITY DIRECT DEPOSIT AUTHORIZATION FORM

Please print clearly using blue or black ink.

Check one: New Enrollment Change

PERSONAL INFORMATION

Name(s) _____

Address _____

City, State & Zip _____ Telephone Number _____

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 Foundation to initiate electronic credit entries and if necessary, debit entry adjustments for any credit entries in error to my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I understand that activation of direct deposit may take up to two payments depending on when this form is returned. This authority will remain in effect until MB Foundation has received written notification from me of its termination in such time and manner as to afford MB Foundation a reasonable opportunity to act on it.

Signature Date

Signature Date