



Dakotas | Minnesota
**METHODIST
FOUNDATIONS**

Authorization Agreement For Automatic Deposits (ACH Credits)

Date: _____

I/We hereby authorize the ☐ **Dakotas Methodist Foundation** or ☐ **Minnesota Methodist Foundation** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to our ☐ **Checking** or ☐ **Savings** account indicated below and the financial institution (bank, credit union etc.) named below, to credit the same such account.

Financial Institution Name

Branch

City, State, Zip

Routing Number/ABA Number

Customer Bank Account Number

This authority is to remain in full force and in effect until the Dakotas or Minnesota Methodist Foundations have received written notification to terminate this agreement in such time and in such manner as to afford the Dakotas or Minnesota Methodist Foundation reasonable time to act.

Name of Church/Organization

Signature of Authorized Individual

Signature of second signer (if required by church/organization)

Print Name of Authorized Person

Print Name of second signer (if required by church/organization)

This authorization applies to the following Foundation account(s) _____

Please attach a voided check or deposit form for the bank account listed above and mail to:

Dakotas Methodist Foundation
PO Box 460
Mitchell, SD 57301

Minnesota Methodist Foundation
PO Box 26423
Minneapolis, MN 55345