

# DIRECT DEPOSIT FORM

## INSTRUCTIONS

1. Read and sign authorization agreement.
2. Staple a voided check in space provided below.
3. Mail form to the Georgia Baptist Foundation, Inc.,  
6405 Sugarloaf Parkway, Duluth, GA 30097-4092

### **AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

I authorize Georgia Baptist Foundation, Inc. to electronically deposit my distribution to the bank account specified on the voided check stapled below.

If monies to which I am not entitled are deposited to my account, I authorize Georgia Baptist Foundation, Inc. to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until revoked by me in writing.

#### CHURCH/INSTITUTION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ACCOUNT TYPE: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK PHONE NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

**STAPLE A VOIDED CHECK OR SHAREDRAFT HERE (Must be preprinted with institution's name and address)**

\_\_\_\_\_ I/We choose not to participate with the Direct Deposit service and would like a paper check. I/We understand that a cost recovery fee of \$25.00 is charged on each account for this service. This fee may be amended from time to time and I/We will be notified of any changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date