

## Direct Deposit Authorization

1.  Use existing bank account information on file. (Please sign below.)

2. Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type  Checking - Attach a voided check from your checking account.

Savings - Contact your bank for routing number.

Bank Routing Number \_\_\_\_\_ Bank Phone \_\_\_\_\_

*(Use the numbers on the bottom left side of your check or you may phone the bank for this information.)*

### For Individual/Joint Accounts

Credit entries/necessary adjustments for this account are authorized by signing below.

If joint payees, both parties must print name and sign below. \_\_\_\_\_  
Please provide a daytime phone number

\_\_\_\_\_  
Please print name and title Signature Required Date

\_\_\_\_\_  
Please print name and title Signature Required Date

### For Church/Organization

Church/Organization Name \_\_\_\_\_

Please provide a daytime phone number

**Authorized Signature, if applicable, and Attesting Officer must sign below**

\_\_\_\_\_  
Please print name and title Signature Required Date

\_\_\_\_\_  
Please print name and title Signature Required Date

### Mail this form and a voided check to:

Presbyterian Foundation  
Attn: Administrative Services  
200 East Twelfth Street  
Jeffersonville, IN 47130  
800-858-6127 [www.PresbyterianFoundation.org](http://www.PresbyterianFoundation.org)

# Attach a voided check here.