

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.)

3. Foundation Account/Agreement Number _____

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 _____

Authorized Signature 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

Attach a voided check here.