



## **Direct Deposit Enrollment/Change Form**

**Church Name:** \_\_\_\_\_

Retain a copy of this form for your records. Return the original to NUMF.

I authorize the Nebraska United Methodist Foundation to initiate deposits to my

☐ **Checking Account**   ☐ **Savings Account**

as indicated below and the depository financial institution named below to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**Name of Bank** \_\_\_\_\_

**Name of Account** \_\_\_\_\_

**9-digit Bank Routing #** \_\_\_\_\_ **Bank Account #** \_\_\_\_\_

**Please attach a voided check or savings deposit slip to ensure accuracy of information.**

**Disclosures:** This authority is to remain in full force and effect until the Nebraska United Methodist Foundation has received written notification from me of its termination in such time and in such manner as to afford the Nebraska United Methodist Foundation and Depository a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by the Nebraska United Methodist Foundation prior to receipt of notice of termination.

I further authorize the Nebraska United Methodist Foundation to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto.

X \_\_\_\_\_ X \_\_\_\_\_

**Signature(s) of Account Holder(s)**

**E-mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Questions or changes to be directed to Marci Logsdon, Executive Director,  
at [mlogsdon@numf.org](mailto:mlogsdon@numf.org) or 402-323-8843.**