



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 NUMF Director of Finance, Marci Logsdon, at
mlogsdon@numf.org or 402-323-8843.