



**MOUNTAIN SKY  
UNITED METHODIST  
FOUNDATION**

*Endowments  
Investing  
Gift Planning  
Loans*

**Direct Deposit Authorization Form**

Account Holder Name: \_\_\_\_\_  
 Account Holder Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 Account Holder Email: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_  
 Bank Telephone #: \_\_\_\_\_  
 Select Type of Deposit Account:  Checking  Savings  
 Bank Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_  
 Payee Name (self or church name) \_\_\_\_\_  
 Your Mountain Sky United Methodist Foundation Account # \_\_\_\_\_  
 (For all accounts, write "All")

I authorize payment(s) to be sent to the financial institution and account named above. **I have attached a voided check** to confirm the above routing and account numbers.

**Cancellation**

The agreement represented by this authorization remains in effect until cancelled by the payee by written notice to the Mountain Sky United Methodist Foundation, Inc. Upon cancellation by the payee, the payee shall also notify the receiving financial institution of the cancellation.

**Changing Receiving Financial Institutions**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Mountain Sky United Methodist Foundation, Inc. is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new Direct Deposit Authorization Form. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. the new financial institution confirms receipt of the payee's Direct Deposit payment.

Name of Person Completing Form

Email Address

Phone

**Questions:** [Info@MountainSkyUMF.org](mailto:Info@MountainSkyUMF.org) or 303.778.6370

Internal Use:  DDI  ANB  Scan  Ack

*Tithe Your Will*