

ELCA Endowment Fund Pooled Trust – Fund A
Direct Deposit

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

We hereby authorize the ELCA Foundation, herein referred to as "SENDER", to initiate Automated Clearing House (ACH) credit entries (and/or correcting debit entries) to our account for Endowment Fund Pooled Trust distributions and/or other withdrawals.

We are beneficiary and/or participant of:

Endowment Account name: _____ Account # **E** _____

The following information pertains to the congregation's financial institution to be credited:

___ Checking Account ___ Savings account ___ Other _____

Financial Institution name: _____

City: _____ State: _____ Zip Code: _____

Bank's transit routing number:

Account #:

Congregation Federal Employer Identification Number: _____

All authorized signers on the Endowment Fund Account must sign this form. If a beneficiary to an endowment, only one signature is required

Name: _____ Title: _____

Signature: _____

Name: _____ Title: _____

Signature: _____

Name: _____ Title: _____

Signature: _____

This authority is to remain in full effect until Sender or Financial Institution has received written notification from the representatives listed or an authorized representative of its termination in such time and manner as to afford Sender or Financial Institution a reasonable opportunity to act on it, or until Sender or Financial Institution has sent a ten (10) days written notice of Sender's or Financial Institution's termination of this arrangement.

Scan and email this form (with a scanned copy of a **voided check**) to: ELCAFoundation@elca.org

Or mail to: ELCA Foundation, 8765 W Higgins Rd., Chicago IL 60631-4101

