Saint Francis MINISTRIES

REQUEST FOR DIRECT DEPOSIT AUTHORIZATION:

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP _____

PHONE #: _____

E-MAIL: _____

ARE YOU A FOSTER/KINSHIP PARENT (CIRCLE ONE)? YES NO

ARE YOU A DAY CARE PROVIDER (CIRCLE ONE) YES NO

I hereby authorize Saint Francis Ministries to initiate CREDIT entries and/or correction entries into the account list above. This authorization is to remain in full force until Saint Francis Ministries has received written notification from me of it termination in such manner as to afford Saint Francis Ministries reasonable opportunity to act upon it.

ACCOUNT INFORMATION

FINANCIAL

INSTITUTION _____

ADDRESS _____

PHONE # _____

TRANSIT/ABA# _____

ACCOUNT # _____

ACCOUNT TYPE CHECKING SAVINGS

_____ _____

SIGNATURE DATE

PLEASE ATTACH A PHOTOCOPY OF A VOIDED CHECK FOR VERIFICATION

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