



The
Florida
United
Methodist
Foundation,
Inc.

The Florida United Methodist Foundation, Inc.

450 Martin Luther King, Jr. Ave • PO Box 3549 • Lakeland, FL33815-3549

Phone: 1-863-904-2970 (ext. 100) • 1-866-363-9673 (ext. 100)

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The Foundation, in an attempt to further improve its service to you and to provide a greater degree of security regarding the transfer of money, will make all of its withdrawal payments to you electronically. If you have elected to have your interest sent to you at the end of each quarter, you will also receive these payments electronically.

How will it work? For withdrawals, you will send the properly executed withdrawal form to the Foundation office. Withdrawals received by 5pm will be processed the next day for deposit to your account on the following day. Please check with your bank to be sure of the time of day when electronic transfers are posted to your account.

Please complete this form and return it with the original Application for Investment along with a **VOIDED CHECK** for the account that you wish us to use. We continue to appreciate the opportunity we have to serve you. If you have any questions, please contact us.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

COMPANY The Florida United Methodist Foundation, Inc.

Participation Account Name: _____

I (We) hereby authorize The Florida United Methodist Foundation hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our ___Checking ___Savings (select one) indicated below and the bank named below, hereinafter called BANK, to credit and/or debit the same to such account.

BANK NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO _____ ACCOUNT NO _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

NAME(S) _____ DATE _____
(PLEASE PRINT)

Authorized Signers on Foundation Participation Account

SIGNED _____ SIGNED _____

SIGNED _____ SIGNED _____