

# Bank Change Deposit Authorization Agreement for Brethren Foundation, Inc.

Annuitant's NAME (Please Print): \_\_\_\_\_

Annuitant's Address (Please Print): \_\_\_\_\_  
\_\_\_\_\_

Annuitant's Email (if applicable): \_\_\_\_\_

Annuitant's Telephone: (\_\_\_\_\_) \_\_\_\_\_

Charitable Gift Annuity Account Number(s): \_\_\_\_\_

I hereby authorize Brethren Foundation, Inc. to automatically deposit funds to the check/savings account indicated below and authorize the financial institution named below to credit the same to such account.

Bank Name \_\_\_\_\_ Ph. # ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA Routing Number of Financial Institution: \_\_\_\_\_

Select **ONLY ONE ACCOUNT:** Checking Account Number \_\_\_\_\_

OR Savings Account Number \_\_\_\_\_

Authorized Signatory's Name (Please Print)

Authorized Signature

Date Signed

\_\_\_\_\_

**This authority is to remain in full force and effect until Brethren Foundation, Inc. has received written notification from my representative of its termination in such manner as to afford Brethren Foundation, Inc. and my bank a reasonable opportunity to act on it.**