



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(For funds coming to The Free Methodist Investment & Loan Fund from another institution)
I hereby authorize The Free Methodist Investment & Loan Fund to debit my **checking/savings**
(Circle one) account # _____ at the financial institution named below in the
amount of \$ _____ on a monthly basis, beginning .

Adjusted entries to correct errors are also authorized. This authority will remain in effect until it
is canceled in writing. Please credit my account at The Free Methodist Investment & Loan Fund:
Free Methodist Investment Account # _____

Financial Institution Name

Date

Account Number

Routing/ABA Number

Address

Account holder name (print)

City State Zip

Account holder Signature

PLEASE NOTE: The Free Methodist Investment & Loan Fund offers *monthly withdrawals*, and
will debit your account on the 15th of each month.

NOTE: If a checking account, please attach a voided check when you return this form.

Return to:
The Free Methodist Investment & Loan Fund
P.O. Box 580
Spring Arbor, MI, 49283
PHONE: 800.325.8975