MONTANA COMMUNITY FOUNDATION

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the **Montana Community Foundation** to initiate automatic deposits to my account at the financial institution named below. I also authorize **the Montana Community Foundation** to make a reversal from this account in the event that a credit entry is made in error.

Further, I agree not to hold the **Montana Community Foundation** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the **Montana Community Foundation** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Montana Community Foundation.

Account Information

Name of Account Holder

Name of Bank or Financial Institution:

Address of Bank or Financial Institution:

Phone Number of Bank or Financial Institution:

Routing Number:

Account Number:

Checking ☐   Savings ☐

Signature

Authorized Signature (Primary): _____   **Date:** _____

Authorized Signature (Joint): _____   **Date:** _____

Please attach a voided check and return this form to:	For Internal Use Only:		
Montana Community Foundation **PO Box 1145** **Helena, MT 59624-1145** **or** **scan the completed form and email to** **joanne@mtcf.org**	Gift Annuity:	Yes ☐	No ☐
	Annual Distribution Beneficiary: Yes ☐ Name of Fund(s):		
	Annual Distribution Pools: [circle applicable] 1 2 3 4 5 6 7 8 9 10 11 12		