



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: _____

Checking

Savings

Account Number: _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

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