

EFT

Personal Information

PLEASE PRINT OR TYPE

Title	First Name	M.I.	Last Name
Date of Birth		Social Security Number	
Home Address	Town/City	State	Zip Code
Home Phone	Email Address		

Bank Information

Name of Bank	Bank Telephone Number		
BankAddress	Town/City	State	Zip Code
Account Type (please check one) <input type="checkbox"/> Checking (please provide a voided check) <input type="checkbox"/> Savings (please provide a deposit slip)			

Please check the transactions types to be directly deposited into your account as per your instructions above:

- Annuity Gift Annuity

Please check to confirm loan repayments are to be withdrawn directly from your account as per your instructions above:

- Loan Repayment

PLEASE

Staple or tape a blank voided check for checking account.

OR

Staple or tape a savings deposit slip for savings account.

EFT Authorization Agreement

Upon completing of this form, I hereby authorize The Ministers and Missionaries Benefit Board (MMBB) to deposit payments electronically into my account or withdraw any funds from my account as instructed above. Further, I authorize MMBB to initiate, if necessary, debit entries and adjustments for any credit entries made to my account in error. To ensure that my account is properly credited or debited as instructed above, I have attached a voided check from my checking account or a deposit slip from my savings account, where my payments will be deposited or withdrawn. I agree that this authorization will remain in effect until I provide notification terminating this service.

Signature of Member	Date
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Please return this completed form to:

The Ministers and Missionaries Benefit Board
 475 Riverside Drive, Suite 1700 New York, NY 10115-0049
 Phone: 800.986.6222 Fax: 800.986.6782 Web: www.mmbb.org