

**CHURCH OF THE NAZARENE FOUNDATION  
AUTHORIZATION FOR DIRECT DEPOSIT**

**Please attach a VOIDED Check to assist us in assuring the accuracy of our  
information.**

I (We) hereby authorize the Church of the Nazarene Foundation, or its agent, Kaspick & Company, to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error for any and all income and trust agreements I (we) now have, have had, or will have with the Church of the Nazarene Foundation.

**FURTHER, I (We) HEREBY AGREE TO TIMELY PROVIDE THE FOUNDATION WITH CURRENT MAILING ADDRESSES AND TELEPHONE CONTACT NUMBERS OF ALL BENEFICIARIES OF ALL INCOME AND TRUST AGREEMENTS. IF SUCH BENEFICIARIES DO NOT PROVIDE THE FOUNDATION WITH CURRENT ADDRESS AND TELEPHONE CONTACT NUMBERS, THE FOUNDATION OR ITS AGENT MAY HOLD PAYMENTS DUE BENEFICIARY UNTIL SUCH INFORMATION IS GIVEN TO THE FOUNDATION.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Second Authorized Signature (if applicable): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of your bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Bank's telephone number: \_\_\_\_\_

Name(s) on your account: \_\_\_\_\_

Your account number: \_\_\_\_\_

Account type (circle one)      Checking                  Savings

Bank routing number (9 digit group of numbers in the lower left corner of your check): \_\_\_\_\_