

# DIRECT DEPOSIT AUTHORIZATION FORM



**BENEFICIARY NAME:**

## AUTHORIZATION OF BENEFICIARY

I (we) hereby authorize the *Cru Foundation (TCF)* to initiate deposits to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until TCF is notified by me (us) in writing to cancel it in such time as to afford TCF and the financial institution a reasonable opportunity to act on it.

## FINANCIAL INSTITUTION INFORMATION

**NAME OF FINANCIAL INSTITUTION:**

**ADDRESS OF FINANCIAL INSTITUTION:**

**CITY:**

**STATE:**

**ZIP CODE:**

**DEPOSITOR ACCOUNT NUMBER:**

**TYPE OF ACCOUNT: (please check one)**  Checking  Savings

To complete this request, you must include a **VOIDED CHECK** for the checking account. This will provide the transit routing number (ABA Number) for the account to which payment will be made.

**NAME OF FINANCIAL INSTITUTION:**

**ADDRESS OF FINANCIAL INSTITUTION:**

**CITY:**

**STATE:**

**ZIP CODE:**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Accelerating the Great Commission through *smarter generosity.*

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