



**BICF AutoDeposit Enrollment Form**

Would you like to make it easier for yourself by eliminating the need of cashing or writing checks?  
By signing this form you can authorize a transfer by the Foundation to or from your checking or savings account.

**Name:** \_\_\_\_\_

Banking Information

Type of account: please (✓) one

Checking

Savings

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

Bank routing number: \_\_\_\_\_

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

Make my preferred payment method?  Yes  No

*These numbers can be found on the bottom of your checks. If you are unsure, a voided blank check can be attached to this form as a sample. Bottom left number is routing. The number next to it is the account number.*

I authorize the Brethren in Christ Foundation to transfer funds to or from my/our account upon request. I also understand that, for any reason, I may at any time withdraw from the program by notifying BICF in writing.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_