

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: _____

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.

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

Signed: _____

Dated: _____

Scheduled TAP Deposits

If you would like to make scheduled deposits to your TAP account from your checking or savings account, please complete the following section.

TAP #: _____ **Deposit Amount:** _____

Frequency: _____ Weekly _____ Bi-weekly _____ Semi-monthly
_____ Monthly _____ Quarterly _____ Semi-annually _____ On Request

Transfers will be made on Tuesday of each week, the first day of each month and the 15th. If the date falls on a holiday or weekend, the next business day will be used.

Date of First Withdrawal from Bank Account: _____