

Joint Investment Trust Direct Deposit Authorization



Please use this form to *enroll* in direct deposit of withdrawals and/or beneficiary distributions into your ministry's bank account, or to *change* your current instructions. You may return this form by email, fax or mail. The transfer of funds to your account by direct deposit will generally occur on the 5th business day following the effective date of the distribution. If you have questions about this form or about your investment with the Christian Church Foundation (CCF), please call us at 800-668-8016 and ask for Investment Services - or email us at the address below. Thank you for your partnership in ministry!

Section 1: Ministry Information

Ministry Name: _____
City: _____ State: _____

Section 2: Direct Deposit Account Information

Financial Institution: _____ Telephone: _____
Account No.: _____ Account Type: Checking Savings
Routing (ABA) No.: _____ (First group of 9 digits printed on bottom of check)

If the above account is NOT to be used for all distributions from CCF, please attach instructions to clarify when these instructions should be used.

Section 3: Additional Account Information

Please include one of the following items with this form:

If Checking Account: Check copy or voided check (name & address on check must be preprinted and unaltered).

If Depository Account: Copy of top portion of bank statement that displays account name and number.

We require this verification for control purposes and cannot process your request without this information.

Section 4: Authorization

As an authorized bank signer on the account listed in Section 2 and as _____ (ministry office or role) for this ministry, I acknowledge and agree that CCF and the Financial Institution may initiate credit entries to the account indicated above, and they shall also have the right to reverse erroneous entries. This authority is to remain until CCF has received written notification of its termination in such time and manner as to afford CCF and the financial institution a reasonable opportunity to act on it.

Signature: _____ Date: _____
(Must be an authorized signatory on the above financial institution's account)

Printed Name: _____ Phone Number: _____

Section 5: Confirmation

Please confirm the following items:

1. Voided check OR top of depository account bank statement included and account number matches the Account Number printed in Section 2.
2. Signature provided in Section 4 is authorized *by your financial institution* to access and use the above account.

<p>Mail: Christian Church Foundation P.O. Box 1007 Indianapolis, IN 46206-1007</p>	<p>Fax: (317) 635-1991 Email: investments@ccf.disciples.org</p>
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For additional forms and information, please, visit the Investor Login section at www.christianchurchfoundation.org. (Password: disciples)