



# United Methodist Frontier Foundation

New York • Connecticut

20 Soundview Ave, White Plains, N.Y. 10606  
914-615-2239

## ACH Authorization Form

I (We) hereby authorize the United Methodist Frontier Foundation (“UMFF”) to initiate credit entries and, if necessary, debit entries and adjustments for any credit entry in error to the account and financial institution indicated below.

This authority will remain in effect until UMFF receives written notice to terminate such instructions.

Financial Institution Name:

Financial Institution Address:  
Street address:   
City, State, Zip:

Financial Institution Routing Number:   
(nine digits)

Bank Account Name:

Bank Account Number:

Account Type: Checking  Savings

Signature of Authorized person: \_\_\_\_\_ Date:   
(*typed signatures are not acceptable*)

Title of Authorized person:

Submit this form *with an original signature* and copy of voided check using the address at the top of the page, via email to [mpalumberi@umff.org](mailto:mpalumberi@umff.org) or via fax to 914-401-0661 “Attn: Maureen”.