



## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize the **Montana Community Foundation** to initiate automatic deposits to my account at the financial institution named below. I also authorize **the Montana Community Foundation** to make a reversal from this account in the event that a credit entry is made in error.

Further, I agree not to hold the **Montana Community Foundation** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the **Montana Community Foundation** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Montana Community Foundation.

### Account Information

Name of Account Holder \_\_\_\_\_

Name of Bank or Financial Institution: \_\_\_\_\_

Address of Bank or Financial Institution: \_\_\_\_\_

Phone Number of Bank or Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return this form to:**

**Montana Community Foundation  
 PO Box 1145  
 Helena, MT 59624**

**Or scan the completed form and email to [kay@mtcf.org](mailto:kay@mtcf.org)**