



## Direct Deposit Authorization Form

For your convenience, we can electronically transmit your trust or annuity distribution check directly to your bank or other financial institution. Please fill out the following required information and **attach a voided check or legible copy of a voided check to this form and return it to us.** For savings accounts, be sure and complete all bank and account information. Thank you for doing your part to help the hungry in the world through your support of Heifer Foundation

### Please Check one

New Enrollment \_\_\_\_\_ Change of Financial Institution and/or Account \_\_\_\_\_

### Donor/Beneficiary Information

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

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

### Bank or Financial Institution Information

Financial Institution Name (Please Print): \_\_\_\_\_

Financial Institution City and State: \_\_\_\_\_

Financial Institution Routing / Transit Number: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

Type of Account (please check one): Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Account Representative: \_\_\_\_\_

### Authorization

I authorize Heifer International Foundation to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account (noted above). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have cancelled it in writing.

Signature: \_\_\_\_\_  
Primary Account Holder Secondary Account Holder

Date: \_\_\_\_\_

**Please Remit to:** Heifer Foundation  
Attn: Accounting  
P.O. Box 727  
Little Rock, AR 72203-0727

Activation of Direct Deposit may take up to 2 payments cycles to begin, depending on when the form is received. For questions and inquiries, please call 1(888)422-1161.