Direct Deposit Authorization

NEW COVENANT TRUST COMPANY
A SUBSIDIARY OF THE PRESBYTERIAN FOUNDATION

1. ❒ Use existing bank account information on file. (Please sign below.)

2. Bank Name _____ Account Number _____

Account Type ❒ Checking - Attach a voided check from your checking account.
❒ Savings - Contact your bank for routing number.

Bank Routing Number _____ Bank Phone _____
(Use the numbers on the bottom left side of your check or you may phone the bank for this information.)

For Individual/Joint Accounts

Credit entries/necessary adjustments for this account are authorized by signing below.
If joint payees, both parties must print name and sign below.

Please print name and title	Signature	Date
Please print name and title	Signature	Date

For Church/Organization

Church/Organization Name _____

Authorized Signature, if applicable, and Attesting Officer must sign below

Please print name and title	Signature	Date
Please print name and title	Signature	Date

Mail this form and a voided check to:

New Covenant Trust Company, N.A.
Attn: Remittance Processing Unit
200 East Twelfth Street, Suite B
Jeffersonville, IN 47130
800-528-4083 www.NewCovenantTrust.com

Attach a voided check here.

Rev11-08