

Bank Change Deposit Authorization Agreement for Eder Deferred Gifts

Annuitant's NAME (Please Print): _____

Annuitant's Address (Please Print): _____

Annuitant's Email (if applicable): _____

Annuitant's Telephone: (_____) _____

Charitable Gift Annuity Account Number(s): _____

I hereby authorize Eder Deferred Gifts to automatically deposit funds to the check/savings account indicated below and authorize the financial institution named below to credit the same to such account.

Bank Name _____ Ph. # () _____

City _____ State _____ Zip _____

Transit/ABA Routing Number of Financial Institution: _____

Select **ONLY ONE ACCOUNT:** Checking Account Number _____

OR Savings Account Number _____

Authorized Signatory's Name (Please Print)

Authorized Signature

Date Signed

This authority is to remain in full force and effect until Eder Deferred Gifts has received written notification from my representative of its termination in such manner as to afford Eder Deferred Gifts and my bank a reasonable opportunity to act on it.