

Direct Deposit Authorization
For Friends Fiduciary Corporation
Consolidated Fund Semi-Annual Income Distribution

_____ (Meeting/Organization Name) hereby authorizes Friends Fiduciary Corporation to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to our account indicated below at the depository named below.

Organization Name as it appears on Bank Statements _____

Bank/Depository Name _____

ACH Credit Routing No. _____ *

*Please confirm with your Bank/Depository – This number can be different from the number printed on your checks or deposit slips.

Account Type: ____ Checking or ____ Savings

Account No. _____

This authority is to remain in full force and effect until FFC has received written notification of its termination or change in such time and in such manner as to afford FFC and the Bank/Depository a reasonable opportunity to act on it.

Name _____ (authorized signer for FFC account)

Signature _____

Title _____

Name of Meeting/Organization _____

Date _____

*Questions: contact Friends Fiduciary Corporation
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