

**AUTHORIZATION REQUEST
DIRECT DEPOSIT OF PERIODIC BENEFIT PAYMENT**



DONOR INFORMATION (Please print)		
Last Name:	First Name:	MI:
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	
Charitable Gift Annuity Account Number:		

I hereby authorize Univest Bank and Trust Co. to transfer the amount of my scheduled benefit payment to my checking or savings account indicated below:

DONOR BANK INFORMATION (Please print)		
Bank Name:		
Bank Address:		
City:	State:	Zip:
Phone:	Routing Number:	
Account Number:	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

NOTE: Attach a blank personal check marked "VOID" to this form. A deposit slip is not acceptable.

I/We further authorize the refund of any deposits made following the benefit recipient's death up to the limit of the account balance. I/We, the owner(s) of the said checking/savings account, will return to Univest Bank and Trust Co., the full amount of any excess benefit deposits made but unrecoverable from the named account. This agreement is also binding on our heirs, assigns and estate.

This arrangement may be cancelled at any time by written notice or by calling Univest Bank and Trust Co. at 877.723.5571. Please notify us immediately if there is a change in your bank name or account number.

Signature

Date

Please submit the completed Authorization Request to Univest Foundation via mail: P.O. Box 64559, Souderton, PA 18964. Or, you may submit via fax: 215.721.4010.