

Individual or Entity Name:

COLUMBIA UNION REVOLVING FUND (CURF) AUTHORIZATION FOR WIRE TRANSFER

Please note a CURF staff member will call you to verify your information before processing your request.
 There is a \$12.00 fee associated with this transaction

Address:				
City/State:			Zip Code:	
Phone Number:		Email Address:		
CURF Investment/Loan Number:				
I hereby authorize Columbia Union Revolving Fund of Seventh-day Adventists (CURF) to initiate credit entries to my [] Checking Account or [] Savings Account indicated below, and the depository named below to credit the same to such account.				
Banking Information				
Depository Financial Institution:				Amount:
Address:				
City/State:				Zip:
Routing #: Account #:				
NOTE: Please verify with your banking institution that you have the correct wiring routing number. It may differ from what is located on your check.				
Disclaimer and Signature				
Disclaimer:	This authorization is to remain in full force and effect until CURF has received written notification from me of its termination in such time and in such manner as to afford CURF and the Depository mentioned above a reasonable opportunity to act on it. I understand that (30) days notice in writing, to CURF is required if I change banks and/or accounts.			
Print Name:				
Signature: (digital signatures not accepted at this time)				
Date:				
For Office Use Only				
Verified by:				Date: