



5215 Main Street
Houston, Texas 77002

713-533-3780
800-521-9617
fax: 713-533-3781

office@heartspringmethodist.org
www.heartspringmethodist.org

DATE: _____

TO: Heartspring Methodist Foundation

FROM: _____
COP Investor Name(s)

RE: _____
Heartspring COP Account Number

Please use this letter of authorization to establish the following transfer instructions for direct deposits into the account listed below:

Transfer To:

Bank Name: _____

Account Holder's Name: _____

Bank ABA Routing Number: _____

Bank Account Number: _____

(If applicable)

For Further Credit to: _____

Account #: _____

I have attached a voided check, per your requirements. Thank you for your consideration in this matter.

Sincerely,

Signature of owner(s)

Signature of owner(s)

Please mail this completed form, along with a **voided check** (not a deposit slip) to:

Heartspring Methodist Foundation
Attn: Dorena Moore
5215 Main St.
Houston, TX 77002

Please allow up to two weeks for processing this request. Thank you!