



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)

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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!*