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DIRECT DEPOSIT AUTHORIZATION FORM

Primary/Joint Account Owner/UTMA Custodian Name: _____

This Request is:

- New
- Check this box if it applies to ALL your investments.

OR

Investment Number(s) as listed below:

This will authorize Heritage Investment Services Fund, Inc., hereinafter called HIS Fund, to initiate debit, credit entries and adjustments for any entries in error to from the checking savings account (select one) listed below. I am responsible for verifying that funds are available in my bank account. HIS Fund will not be responsible for Non-Sufficient Funds (NSF) fees or Returned Check Fees. This authorization is to remain in force until HIS Fund has received written notice of its termination in such time and in such manner as to afford HIS Fund and DEPOSITORY a reasonable opportunity to act on it.

This will authorize the BANK indicated on the attached check, and as listed below, to debit and/or credit the same to the account.

HIS Fund reserves the right to revoke this authorization in the event of stop payment on a draft without prior notification, account closed without prior notification, and/or two or more insufficient funds drafts in one year. Reinstatement in this program will be considered after a period of six months. It is my responsibility to notify HIS Fund of any changes relating to my account.

Bank Name	Bank Address
Account Number	City/State/Zip
Bank Routing #	Bank Telephone Number
Signature/Date	

2nd Signature/Date (Church/Orgs are required to provide (2) TWO Authorized Signers unless otherwise specified on your Church/Org Resolution.)

Names Printed: _____

E-mail Address	Telephone Number
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YOU MUST INCLUDE A VOIDED CHECK/BANK VERIFICATION LETTER TO INITATE THIS AUTHORIZATION - Call us to learn how to securely e-mail your documents.