

The United Methodist Stewardship Foundation
Of Greater New Jersey
Account Information Form

Account Information

Corporate Name: _____

Registered Address: _____

Designated Contact Name, Title: _____

Contact Address: _____

Contact Phone #: _____

Contact Email: _____

Organization EIN #: _____

Quarterly Earning Designation

- _____ 100% Reinvested
- _____ 50% Reinvested/50% Payout
- _____ 25% Reinvested/75% Payout
- _____ 100% Payout

For Earning Payouts:

Bank Information:

Bank Name: _____

Account #: _____

Routing #: _____

Designated Contact Person: _____
(Print Name) (Title)

(Signature)

Pastor: _____
(Print Name) (Signature)