

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS
(ACH DEBITS)**

CHURCH NAME: _____ CHURCH ID NO: _____

TAX ID NUMBER: _____

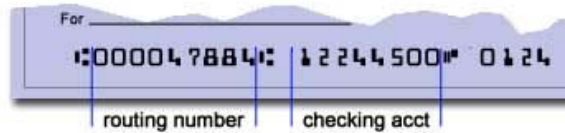
I (we) hereby authorize NC CONFERENCE OF THE UNITED METHODIST CHURCH (NCCUMC) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (*select one*) indicated below, and the financial institution named below to debit and/or credit the same to such account.

FINANCIAL INSTITUTION: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NO: _____ ACCOUNT NO: _____
(9 positions)

Example:



This authority is to remain in full force and effect until NCCUMC has received written notification from me (or us) of its termination in such time and in such manner as to afford NCCUMC and the financial institution named above a reasonable opportunity to act on it. **Please attach a voided check to this form for verification of account numbers.**

NAME(S*): _____

**Two signatures are required for accounts in joint names.*

DATE: _____ SIGNED X _____

PHONE NUMBER: _____ SIGNED X _____

EMAIL ADDRESS: _____

I would like to initiate payments as follows (please check one):

- I will initiate transactions on my own on the On-Line Data Collection System.
(Option available under Statements on the Main Menu).
- Debit my account on a monthly basis in the total amount of \$ _____ per month.

Please circle your desired payment date: Tenth (10th) Twenty-fifth (25th)

Apply this payment to the following apportionments or other funds in the following amounts:

Apportionment	Amount	Other (Advance Special, Board of Mission Payment, etc.)	Amount
World Service & Conn. Min.	\$		\$
Past Service Liability	\$		\$
Episcopal Fund	\$		\$
Black Colleges	\$		\$
Africa University	\$		\$
Interdenominational Coop.	\$		\$

When this form is completed and signed, mail the form to: NCCUMC Treasurer's Office, Attn: Jennifer Walls,
700 Waterfield Ridge Place, Garner, NC 27529

NOTE:

We cannot process payments for you for fourteen days following our receipt of this enrollment form. We must verify account numbers with your bank during that time and they need two weeks to advise us if the numbers are correct.

Please call (800)849-4433 or email jwalls@nccumc.org if you have any questions.