

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS
(ACH DEBITS) *Ministers' Transition Fund***

NAME: _____ PASTOR ID NO (if known): _____

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: _____

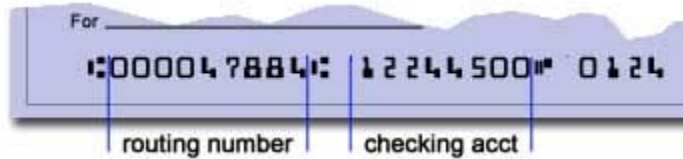
CITY: _____ STATE: _____ ZIP: _____

ROUTING NO: _____ ACCOUNT NO: _____

(9 positions)

Please enclose a voided check to ensure correct processing

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.

NAME(S*): _____

DATE: _____ SIGNED X _____

PHONE NUMBER: _____ SIGNED X _____

EMAIL ADDRESS: _____

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

For the plan year _____ ** I would like to initiate monthly *Minister's Transition Fund* payments as follows:

- Debit my account on a monthly basis in the amount of \$ _____ per month.
(Total of all payments not to exceed \$ _____ for the plan year indicated above)

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

**** A new form must be completed for each year. Forms must be received by January 31st to include twelve (12) payments per plan year (February through January of the following year.) All payments for the current plan year are due by January 31st of the following year.**

When this form is completed and signed, mail the form to:
NCCUMC Treasurer's Office
Attn: Jennifer Walls - MTF
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 or jezuka@nccumc.org if you have any questions.**