

**NC CONFERENCE OF THE UNITED METHODIST CHURCH  
AUTHORIZATION AGREEMENT FOR  
ELECTRONIC FUNDS TRANSFER  
(EFT PAYMENTS)**

***For payments made to Individuals please fill out Section I and Section III  
For payments made to a Church or Company please fill out Section II and Section III***

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***SECTION – I (Individuals)***

NAME OF ACCOUNT HOLDER: \_\_\_\_\_

ACCOUNT HOLDER (ADDRESS) \_\_\_\_\_

ACCOUNT HOLDER /*Social Security Number*: \_\_\_\_\_

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***SECTION – II (Church or Company)***

NAME OF ACCOUNT HOLDER: \_\_\_\_\_

ACCOUNT HOLDER (ADDRESS) \_\_\_\_\_

ACCOUNT HOLDER - *Federal Tax ID Number*: \_\_\_\_\_

ACCOUNT HOLDER - *Church ID Number*: \_\_\_\_\_

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***SECTION – III (Required for Individuals and Church/Company)***

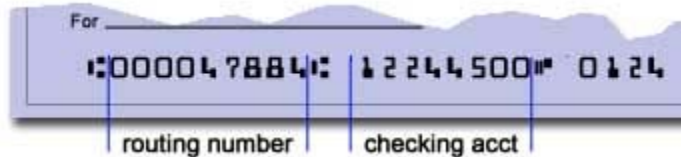
I (we) hereby authorize NC CONFERENCE OF THE UNITED METHODIST CHURCH (NCCUMC) to initiate EFT Payments to my (our)  Checking  Savings account (*select one*).

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.

NAME(S\*): \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED X \_\_\_\_\_

SIGNED X \_\_\_\_\_

*\*Two signatures required for accounts in joint names*