

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

NAME: \_\_\_\_\_ CHURCH ID NO (if church): \_\_\_\_\_

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.

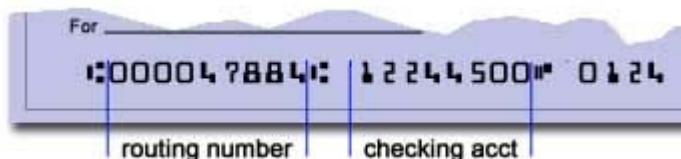
**Please check here if your church is currently paying Conference Pension through EFT**

FINANCIAL INSTITUTION: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING NO: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_  
(9 positions)

Example:



**Please attach a voided check or a scanned/photographed image of a voided check to this form for verification of account numbers.** 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 \_\_\_\_\_

*\*Two signatures are required for church checking accounts, or individual accounts in joint names. For church accounts, a Trustee or member of the Finance Committee should sign in addition to the Treasurer.*

EMAIL ADDRESS: \_\_\_\_\_

I would like to schedule monthly insurance payments on the **25<sup>th</sup> day of the month** for the full balance due. I understand I will no longer receive a bill each month. I may request a bill during the year and will typically make this request in January or July when rates, compensation and appointments may change the drafted amount.

I will initiate transactions on my own on the date of my choosing through the **On-Line Data Collection System** (option available under the Statements option of the Main Menu). I understand I will continue to receive a bill each month. I also understand the NC Conference Treasurer's Office submits authorized payments to the bank only on the 10th and 25th of each month. Therefore, my authorized payment will be sent to the bank on the next processing date which follows the date of my authorization.

When this form is completed and signed, send it to:

NCCUMC Treasurer's Office  
Attn: Benefits Team  
nccbenefits@nccumc.hush.com  
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 x285 or email kwilder@nccumc.org if you have any questions.**