

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

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 Insurance through EFT**

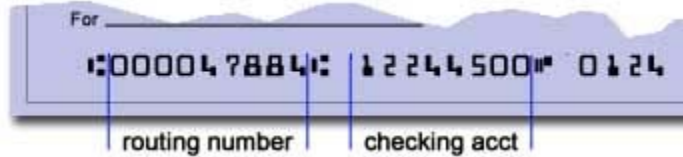
FINANCIAL INSTITUTION: \_\_\_\_\_ BRANCH: \_\_\_\_\_

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 \_\_\_\_\_

*\*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: \_\_\_\_\_

<p><input type="checkbox"/> I would like to schedule monthly pension payments on the 25<sup>th</sup> day of the month for the full balance due.</p> <p><input type="checkbox"/> I will initiate transactions on my own on the On-Line Data Collection System (option available under the Statements option of the Main Menu).</p>
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When this form is completed and signed, mail the form to: NCCUMC Treasurer's Office  
Attn: Katherine Wilder  
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 x 285 or email [kwilder@nccumc.org](mailto:kwilder@nccumc.org) if you have any questions.**