

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) account indicated below, and the financial institution named below to debit and/or credit the same to such account.

FINANCIAL INSTITUTION: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

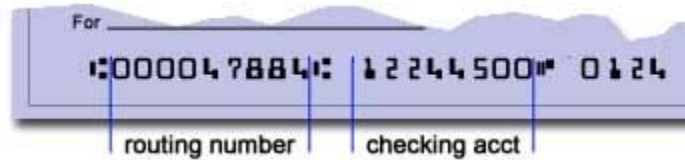
ROUTING NO: _____ ACCOUNT NO: _____

(9 positions)

Select the type of account being drafted: Checking Savings

If it is a checking account, then please attach a voided check

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. NCCUMC reserves the right to adjust the drafted amount in accordance with compensation changes made throughout the year.

**** This authorization agreement is automatically renewed each plan year. EXCEPTION: A new form must be completed for each year for members serving an Extension Ministry, members serving on a less-than-full-time basis, and members on qualifying types of leave. Forms must be received by January 31st to include twelve (12) payments per plan year.**

NAME(S*): _____

DATE: _____ SIGNED X _____

PHONE NUMBER: _____ SIGNED X _____

EMAIL ADDRESS: _____

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

The plan year is February through January of the following year. 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 on the Twenty-fifth (25th) each month. Total of all payments not to exceed \$ _____ for the plan year indicated above.

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

NOTE:

We cannot process payments for you for ten days following our receipt of this enrollment form. **Please call 919-779-6115 or email jezuka@nccumc.org or lizgreenstock@nccumc.org if you have any questions.**