

ACH Authorization Disaffiliation Payments

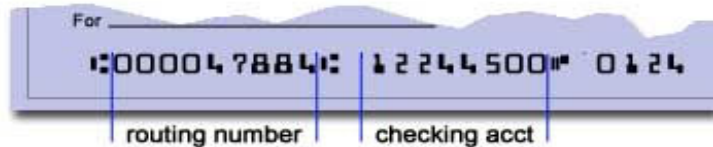
Section 1 - Church Information:

Church Name: _____
 Church ID: _____
 District: _____ Phone #: _____
 Email Address: _____

Section 2 - Account Information:

Account Type (circle one): Savings Checking
 Bank Name: _____
 Name on Account: _____
 Routing #: _____
 Account #: _____

A voided check must be attached to this form for verification of account numbers.



Section 3 - Payment Information:

We authorize a one-time payment in the amount of \$ _____ that should be applied as follows:

		<u>Office Use Only</u>
5.a.i. Property Retention Legal Fees	\$ _____	RM 9201
5.a.ii. Apportionments - Balance of 2022	\$ _____	RM 2022 Pledges
5.a.iii. Apportionments - Additional 12 months	\$ _____	RM 9202
5.a.iv. Pension Obligation	\$ _____	RM 9200
5.a.v. Direct-Bill Pension Outstanding Balance	\$ _____	A/R
5.a.v. Direct-Bill Insurance Outstanding Balance	\$ _____	A/R

Section 4 - Signatures:

Printed Name & Title

Signature & Date

Printed Name & Title

Signature & Date

*Two signatures are required for church accounts.
A Trustee or member of the Finance Committee should sign in addition to the Treasurer.*

Send completed form to:
NCCUMC Treasurer's Office, Attn: Liz Greenstock, 700 Waterfield Ridge Pl, Garner, NC 27529
Call 984-207-6116 or email lizgreenstock@nccumc.org with questions.