NC CONFERENCE OF THE UNITED METHODIST CHURCH

ACH Authorization

DIRECT DEPOSIT FOR ACCOUNTS PAYABLE

DINE	<u>,, DE, OS</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	710000111317117	100		
Section 1 - Vendor Information:						
Name:					•	Vendor ID:
Mailing Address:						
- "						
Section 2 - Account Information:						
Account Type (circle one):	Saving	gs	Checking			
Bank Name:						
Routing #:						
A voided check must be attached this form for verification of account numbers. Section 3 - Signatures: I (we) hereby authorize the NC Conference, and, if necessary, debit entries	nt erence of	f The Ur	routing number	Chu	checking acct	to initiate credit
shown above. This authority is to notification from me (us) of its te	rminatio	n in suc	th time and in su	ch r	nanner as to af	ford financial
Printed Name			Signature & Date			
Printed Name			Signature & Date			
For church accounts, a Trustee or mo NCCUMC Treasurer's Office, At Call Chrisy at 984-207-60	<i>ember of tl</i> Send ttn: Accou	<i>he Finand</i> comple unts Paya	ted form to: able, 700 Waterfie	d sig	n in addition to the	NC 27529
For Office Use: Add account info to Vendor Record						
account into to remain necora	1					

Attach copy to Vendor Record

Upload copy to eBridge