

**NC CONFERENCE OF THE UNITED METHODIST CHURCH
AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER
(EFT PAYMENTS)**

*For payments made to Individuals, please fill out Section I and Section III
For payments made to a Church or Company, please fill out Section II and Section III*

SECTION – I (Individuals)

NAME OF ACCOUNT HOLDER: _____

ACCOUNT HOLDER (ADDRESS) _____

ACCOUNT HOLDER /Social Security Number: _____

SECTION – II (Church or Company)

NAME OF ACCOUNT HOLDER: _____

ACCOUNT HOLDER (ADDRESS) _____

ACCOUNT HOLDER - Federal Tax ID Number: _____

ACCOUNT HOLDER - Church ID Number: _____

SECTION – III (Required for Individuals and Church/Company)

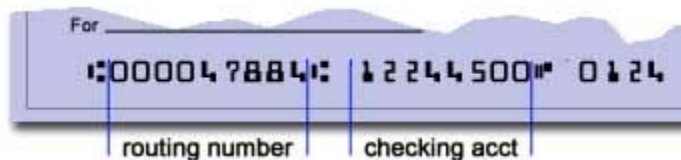
I (we) hereby authorize NC CONFERENCE OF THE UNITED METHODIST CHURCH (NCCUMC) to initiate EFT Payments to my (our) Checking Savings account (*select one*).

FINANCIAL INSTITUTION: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NO: _____ ACCOUNT NO: _____
(9 positions)

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. **Please attach a voided check to this form for account number verification.**

NAME(S*): _____

DATE: _____ SIGNED X _____

SIGNED X _____

**Two signatures required for accounts in joint names*