

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

CHURCH NAME: \_\_\_\_\_ CHURCH ID NO: \_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_

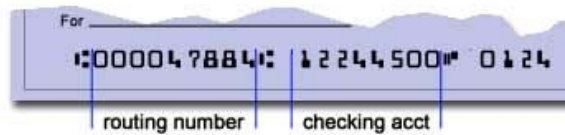
I (we) hereby authorize NC CONFERENCE OF THE UNITED METHODIST CHURCH (NCCUMC) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)  Checking  Savings account (*select one*) indicated below, and the financial institution named below to debit and/or credit the same to such account.

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 verification of account numbers.**

NAME(S\*): \_\_\_\_\_

*\*Two signatures are required for church checking accounts.*

*A Trustee or member of the Finance Committee should sign in addition to the Treasurer.*

DATE: \_\_\_\_\_ SIGNED X \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SIGNED X \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I would like to initiate payments as follows (please check one):

- I will initiate transactions on my own on the On-Line Data Collection System.  
(Option available under Statements on the Main Menu).
- Debit my account on a monthly basis in the total amount of \$ \_\_\_\_\_ per month.

Apply this payment to the following apportionments or other funds in the following amounts:

Apportionment	Amount	Other (Advance Special, Board of Mission Payment, etc.)	Amount
World Service & Conn. Min.	\$		\$
Episcopal Fund	\$		\$
Black Colleges	\$		\$
Africa University	\$		\$
Interdenominational Coop.	\$		\$
			\$

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

NOTE:

We cannot process payments for you for ten 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 (984) 207-6116 or email [lizgreenstock@nccumc.org](mailto:lizgreenstock@nccumc.org) if you have any questions.**