



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Annual Mission and Ministry Pledge

Originating Institution: United Methodist Financial Credit Union, Inc.

Routing Number: 241280582

After prayerful consideration, I would like to participate in Annual Ministry and Ministry pledge by having my offering electronically transferred from my *(select only one)*

checking account

savings account

to the Faith United Methodist Church account with the United Methodist Financial Credit Union.

Beginning on: _____ please deduct \$ _____ . 00

Choose One Date of Transfer:

on the 1th of each month

on the 15th of each month

on Both 1st & 15th

I acknowledge and give permission to United Methodist Financial Credit Union to originate Annual Mission and Ministry ACH debits from my account. I acknowledge that the origination of ACH transactions from my account must comply with all applicable state and federal laws and NACHA rules.

Name of Your Credit Union or Bank (Depository): _____

Routing Number: _____ Account Number: _____

Please attach a voided check

I UNDERSTAND THIS AUTHORIZATION MAY REMAIN IN FULL FORCE AND EFFECT UNTIL UNITED METHODIST FINANCIAL CREDIT UNION HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF MY DESIRE TO TERMINATE THIS REQUEST. I (we) understand that United Methodist Financial Credit Union requires at least 5 business days prior notice in order to cancel this authorization.

Signature: _____ Print Name: _____ Date: ___ / ___ / ___

Signature: _____ Print Name: _____ Date: ___ / ___ / ___