

AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS (ACH DEBITS)

I _____, hereby authorize **FIRST UNITED METHODIST CHURCH BELLA VISTA**, hereinafter called CHURCH, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

(Routing Number)

(Account Number)

Type of Account: Checking Savings

Regular Offering:

- \$ _____ Twice a month, 2nd and 4th Monday
- \$ _____ Monthly, 2nd Monday
- \$ _____ Quarterly, 2nd Monday of Jan, Apr, July, Oct
- \$ _____ Annually

This authority is to remain in full force and effect until CHURCH has received written notification from me (or either of us) of its termination in such time and manner as to afford CHURCH and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

_____/_____/_____
(Date)

****PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!***