

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

<input type="checkbox"/> ADD (New Participant)	<input type="checkbox"/> CHANGE (Bank and/or Account#)	<input type="checkbox"/> DELETE (Cancel Participation)
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Fixed Amount and Date Account Authorization

I (we) hereby authorize **First United Methodist Church of Carrollton** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) (____)checking and/or (____)savings account(s) {**select one**} at the depository names below, hereinafter called DEPOSITORY, to debit the same to such account.

I (we) understand that should the regularly scheduled debit date fall on a weekend or a federal holiday, the debit shall occur on the following business day.

Variable Amount and Date Account Authorization

I (we) hereby authorized **First United Methodist Church of Carrollton** to initiate debt entries and if necessary, initiate I (we) hereby authorized First United Methodist Church of Carrollton to initiate debt entries and if necessary, initiate credit correction or adjustment entries to my (our) account at the financial institution(s) indicated below.

I (we) understand that should the regularly schedule debit amount vary above the set range, we will give written notification to FUMC of the new amount at least ten (10) calendar days before the scheduled transfer date.

PLEASE ATTACH A VOIDED CHECK OR THE FINANCIAL INSTITUTION'S VERIFICATION LETTER FOR ACCOUNT VALIDATION.

CHECKING

SAVINGS

Depository Financial Institution		Branch
Address		
City	State	Zip Code
Amount	Debit Date (select one or both) <input type="checkbox"/> 1st of month <input type="checkbox"/> 15th of month	
Recurrence (check one):	<input type="checkbox"/> One Time Only	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annually
Please specify the breakdown of the donation:		
amount \$ _____	designated for:	_____
amount \$ _____	designated for:	_____
amount \$ _____	designated for:	_____

TRANSIT ROUTING NUMBERS

ACCOUNT NUMBER INFORMATION

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

Name(s) - <i>please print</i>			
Address		City & State	Zip Code
Account Holder's Name	Date	Signed	Date

THIS FORM WILL BE KEPT IN A SECURED LOCATION BY FIRST UNITED METHODIST CHURCH OF CARROLLTON AS A MATTER OF RECORD.
PLEASE RETAIN A COPY FOR YOUR RECORDS.