

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)**  
***NC Conference Partners in Caring***

NAME: \_\_\_\_\_

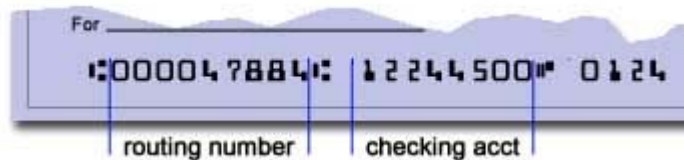
SOCIAL SECURITY NUMBER (last four digits only): \_\_\_\_\_

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: \_\_\_\_\_

ROUTING NO: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_  
(9 positions)

Example:



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

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.

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

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

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

*\*Two signatures are required for accounts in joint names.*

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

I authorize my account to be automatically drafted for Partners in Caring calls as they are issued throughout the year. I understand that my account will be debited for the amount due five business days following the announcement of the call. Calls will be announced via an email sent to my nccumc.org email account.

When this form is completed and signed, mail the form to:

NCCUMC Treasurer's Office  
Attn: Bethany Reeves  
700 Waterfield Ridge Place  
Garner, NC 27529

**Please call (800) 849-4433 x316 or email [breeves@nccumc.org](mailto:breeves@nccumc.org) if you have any questions.**