

AUTHORIZATION AGREEMENT

AUTOMATIC PAYMENT (ACH DEBITS)

I (we) hereby authorize **Garner United Methodist Church** to initiate debit entries into account indicated below and the financial institution named below. I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U.S. law.

Financial Institution Name: _____

Address: City, State, Zip: _____

Routing Number: _____

Account Number: _____

Type of Account: _____ Checking _____ Savings

Amount of Withdrawal: _____

Withdrawal Frequency: _____ One Time _____ Weekly _____ Monthly _____ Yearly

Date to Start Withdrawal: _____ Special Instructions: _____

This authority is to remain in full force and effect until Garner United Methodist Church has received written notification from me of its termination.

Print Name: _____

Signature: _____ Date: _____

***Please return this form to the office of GUMC. We will submit the form to our financial institution (Reliance State Bank). Watch for ACH withdrawal from RSB.**