



First United Methodist Church

801 S. Main

Jonesboro, AR 72401

Authorization for Direct Payment via ACH

I authorize First United Methodist Church (the "Church") to initiate debit entries to my account indicated below and for my Financial Institution named below to debit such account as indicated below. I acknowledge that the origination of ACH transactions to my account must comply with state and federal law and NACHA Rules.

Account Detail

Financial Institution Name: _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Type of Account: Checking Savings

Payment Details

Debit Amount \$ _____

Frequency of Debit (check one):

Monthly 15th of Month

Monthly 30th of Month

This authorization is to remain in full force and effect until the Church has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Church a reasonable opportunity to act on the request.

Print Name: _____

Effective Date: _____

Signature: _____

Date Signed: _____

Please attach a copy of a voided check for the account listed above.