



**AUTHORIZATION AGREEMENT
AUTOMATIC WITHDRAWAL (ACH DEBIT) - CITIZENS BANK AND TRUST**

I (we) hereby authorize (University United Methodist Church), hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of Acct: ___ Checking ___ Savings

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

(Print Individual Name)

(Signature)

(Date)

PAYMENT AMOUNT \$ _____ OR VARIES _____

**If payment varies, payment is based on _____

PAYMENT START DATE _____

FREQUENCY

___ Weekly ___ Monthly ___ Semi-Monthly ___ 1st / 15th Other: ___ 5th ___ 20th ___ 5th & 20th

ACH DEBIT FOR: ___ UUMC GIVING ___ PRESCHOOL TUITION ___ AFTER SCHOOL TUITION

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM