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www.universitymethodist.org

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 Num	ber) (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