

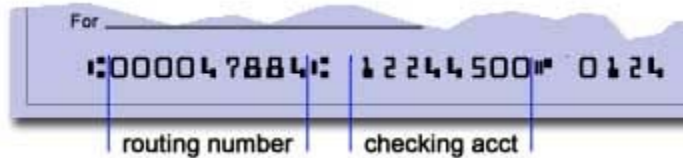
**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS
(ACH DEBITS)**

INDIVIDUAL NAME: _____ ZOE ID #: _____
(Office Use Only)
CHURCH NAME: _____ CHURCH ID #: _____

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 (*check one*) indicated below, and the financial institution named below to debit and/or credit the same to such account.

FINANCIAL INSTITUTION: _____ BRANCH: _____
CITY: _____ STATE: _____ ZIP: _____
ROUTING NO: _____ ACCOUNT NO: _____
(9 positions)

Example:



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.

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

NAME(S*): _____
DATE: _____ SIGNED X _____
PHONE NUMBER: _____ SIGNED X _____
*Two signatures are required for accounts in joint names.
EMAIL ADDRESS: _____

Yes, I would like to receive Stories of Hope and news updates from ZOE Ministry via email once per month.

Please debit my account in the amount of \$ _____ each month and apply this payment to
Rainbow Covenant Advance Special S00148 – ZOE Ministry.

Choose one of the following payment dates by checking the desired box:

Tenth (10th) Twenty-fifth (25th)

When this form has been completed and signed, mail to: NCCUMC Treasurer's Office, Attn: Jennifer Walls, 700 Waterfield Ridge Place, Garner, NC 27529

NOTE:

We cannot process payments for you for fourteen days following our receipt of this enrollment form. We must verify account numbers with your bank during that time and they need two weeks to advise us if the numbers are correct.

Please call Jennifer at (800) 849-4433 or email jwalls@nccumc.org if you have any questions.