



**West Ohio Conference**  
The United Methodist Church

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

Name \_\_\_\_\_

Address \_\_\_\_\_

Church# \_\_\_\_\_ (Retirees may leave this field blank)

I (we) hereby authorize the West Ohio Annual Conference of The United Methodist Church (the "Conference") to initiate debit entries to my (our) bank account indicated below and the depository named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for

Health Insurance Premium Payments \_\_\_2nd \_\_\_15th

Pension Payments \_\_\_2nd \_\_\_15th

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until the Conference has received written notification of its termination in such time and in such manner as to afford the Conference and Financial Institution a reasonable opportunity to act on it.

Start Month: \_\_\_\_\_

Account Type (check one): Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Account# \_\_\_\_\_ Routing # \_\_\_\_\_

**For checking accounts:** To reduce errors, please tape a voided check in this section or on the back of this sheet.

**For savings accounts:** Call your bank to verify correct routing numbers as the savings deposit slip may have invalid numbers for ACH transactions.

\_\_\_\_\_  
Printed Name of Authorized Account Signer

\_\_\_\_\_  
Signature of Authorized Account Signer

\_\_\_\_\_  
Date