

I (we) hereby authorize the Central Texas Conference of the United Methodist Church, Fort Worth, Texas, to initiate debit entries to my (our) checking/savings account at the depository financial institution named at the right and to debit 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. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

BANK DRAFT AUTHORIZATION**

****You must be the lead church (receive invoices) of a charge to be bank drafted.**

Name of Church/Participant: _____

I wish to have following payments automatically drafted on the 1st of each month:

- Pension:
- HealthFlex:
- Café Plan:

Bank Name: _____

Please deduct my Automatic Bill Payment from my Checking Account:

Account Number: _____

Routing Number: _____

(Name as shown on account)

(Address as shown on account)

(Authorized Signature) (Date)

Contact Phone Number (daytime): _____

Month to begin draft _____ 1, 20____
(Account will be drafted on the 1st of each month for that month's premiums.)

Be sure to enclose a voided check with this form.

Please complete Authorization Form above and return along with your canceled check.

TO: **Central Texas Conference Office
Attn.: David Stinson
464 Bailey Avenue
Fort Worth, TX 76107**

For questions regarding the Automatic Draft of premiums call 817.877.5222 or 800.460.8622