



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) understand that the full balance due on the account will be drafted each month. 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

Bank Name: _____

Please deduct my Automatic Bill Payment from my Checking Account:

Account Number: _____

Routing Number: _____

Name of Church/Participant: _____

Contact Name: _____

Contact Email: _____

Contact Phone Number (daytime): _____

(Name as shown on account)

(Address as shown on account)

(Authorized Signature) _____ (Date)

Month to begin draft _____ 1, 20__

(Account will be drafted on the Tuesday after the second Sunday of the month for that month's total account balance.)

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.: Shawn-Marie Riley
3200 E Rosedale Street
Fort Worth, TX 76105**

For questions regarding the Automatic Draft of premiums call 817.877.5222