



**ELECTRONIC FUNDS TRANSFER (EFT or ACH) AUTHORIZATION AGREEMENT
FOR Withdrawal from CHURCH BANK ACCOUNT**

Payment Type - Check one: _____ Apportionments (circle one: 10 or 12 months)
_____ Benefits (monthly)
_____ Both apportionments and benefits billings
_____ Other (please describe, including one-time withdrawals).

Name of CHURCH: _____

Address: _____

City: _____ State: _____ Zip: _____

We hereby authorize The Louisiana Conference of The United Methodist Church (hereinafter called the Conference), to Debit the bank account at the financial institution (bank) named below as designated for Apportionments, Pension and Health Benefits, or other. We acknowledge that the origination of EFT/ACH transactions to the account indicated below must comply with the provisions of U.S. law.

CHURCH'S Financial Institution (Bank) name: _____

Bank Transit/Routing/ABA#: _____

CHURCH'S Bank account#: _____

EFT/ACH Start Month/Year: _____

To Louisiana Conference:

This authorization is to remain in full force and effect until I have received 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.

CHURCH'S Authorized Bank Account Representative: _____

CHURCH'S Authorized Representative's Name (Print Name): _____

Title: _____ Date: _____

Return completed form and copy of voided check to:

Louisiana Conference Finance and Administrative Ministries Office
527 North Boulevard
Baton Rouge, LA 70802
Fax: 225-383-2652
Email: benefits@la-umc.org