



Wabash Conference
Free Methodist Church USA
Authorization Agreement for Automatic Withdraws (ACH Debits)

I (we) hereby authorize Wabash Conference of the Free Methodist Church – USA, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to

_____ (church name): account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name _____

Church Address _____

City _____ State _____ Zip _____

Transit/ABA # _____ Account # _____

Account Type: _____ Checking _____ Savings Date of Authorization _____

This authority is to remain in full force and effect until COMPANY has received written notification from _____ (church name) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. We **prefer** our funds drawn as follows:

_____ In the SAME month as the month's activity - on last day of the month

Following the month's activity on: _____ 10th of the month OR _____ 15th of the month

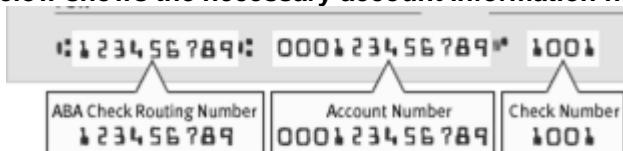
Authorized Check Signer Name: _____ please print clearly

Title _____ Email address of person/s to any notification(s) regarding these transaction(s) _____ (email is required)

Phone # _____ Signature _____

2nd Authorized Check Signature (if required) _____

**** WE HIGHLY RECOMMEND ATTACHING A COPY OF A VOIDED CHECK**
 (The image below shows the necessary account information needed above.)



Return completed form to: wabashfinance@aol.com or mail to:
 Wabash Conference, P.O. Box 40, Mooresville, IN 46158