

**AUTHORIZATION AGREEMENT FOR AUTOMATIC TRANSFERS FROM CHURCH MEMBER  
ACCOUNT TO THE CHURCH ACCOUNT (ACH DEBITS)**

New \_\_\_\_\_ Change \_\_\_\_\_ Delete \_\_\_\_\_

Church Name \_\_\_\_\_ Date \_\_\_\_\_

I (We) hereby authorize **Susanna Wesley United Methodist Church**, hereinafter called CHURCH, to initiate, through the Virginia United Methodist Credit Union, Inc., debit entries and, if necessary, debit/credit correction and adjustment entries to my (our) \_\_\_\_\_ Checking Account / \_\_\_\_\_ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called FINANCIAL INSTITUTION. I (We) acknowledge that the origination of ACH transactions to/from my (our) account must comply with the provisions of U.S. law.

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Total Transfer Authorized \$ \_\_\_\_\_

Transfer date(s) and amount for each date:            15<sup>th</sup> \$ \_\_\_\_\_

30<sup>th</sup> \$ \_\_\_\_\_

**NOTE:** If these two (2) dates do not work, please enter what works for you.

Start Date \_\_\_\_\_

This authorization is to remain in full force and effect until Church has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Church and the Financial Institution a reasonable opportunity to act on it.

Name \_\_\_\_\_ SS # \_\_\_\_\_  
Please Print

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ SS # \_\_\_\_\_  
Please Print

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM  
AND RETURN TO CHURCH OFFICE OR SEE VICKI BARNES.**

**The church is required to keep a copy of this form and the voided check on file.**

**Any questions? Email the church office at [susannawesumc@swumc.hrcoxmail.com](mailto:susannawesumc@swumc.hrcoxmail.com).**