



Located at: 7433 SW 29th Street Topeka, Kansas 66614

Phone: 785-478-3697

web: www.swumc.org

AUTHORIZATION AGREEMENT FOR ACH RECEIPTS/COLLECTION
(ACH DEBITS)

I hereby authorize SUSANNA WESLEY UNITED METHODIST CHURCH, hereinafter called SWUMC, to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Payor's Name: _____

Payor's Address: _____

City, State, Zip: _____

Payor's Bank Routing Number: _____

Payor's Account Number: _____ Checking ___ Savings___

Authorized Amount to Withdraw: \$ _____

- Semi-monthly - 1st & 15th of month OR
 Monthly - 1st of month

Date for Last Withdraw: _____ Email Address: _____

This authorization is to remain in full force and effect until SWUMC has received written notification from me of its termination in such time and in such manner as to afford SWUMC and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE _____ DATE _____

NOTE: ALL WRITTEN AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

(Please attach a copy of a voided check along with this completed form)