



The River Conference
of the Free Methodist Church

The River Conference of The Free Methodist Church – USA
**Apportionment & Life/LT Disability
Payment**
Authorization Agreement for Automatic Withdraws (ACH Debits)

CHURCH NAME, hereinafter called CHURCH, _____
as it appears on the checking account

CHURCH # 390 _____ DATE OF AUTHORIZATION _____

I (we) hereby authorize The River 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 the church listed above checking or savings account indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

TYPE OF ACCOUNT Checking Savings

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING/ABA # _____ ACCOUNT # _____

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

CHURCH'S AUTHORIZED CHECK SIGNER/S *(required)*

name *signature*

position at the CHURCH *phone #* *email address*

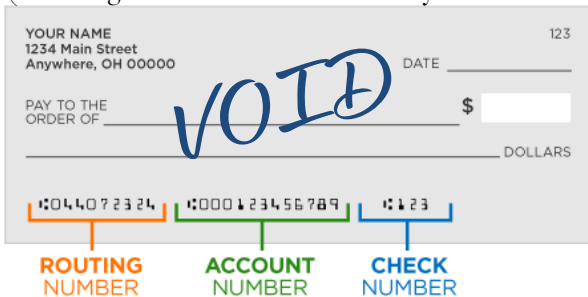
2nd Authorized Check Signature *(if required)*

name *signature*

position at the CHURCH *phone #* *email address*

IMPORTANT: PLEASE ATTACH A VOIDED CHECK

(The image below shows the necessary account information needed above.)



Return completed form to: The River Conference, 23300
Cypresswood Dr., Spring, TX 77379.

04/2022