

WEST VIRGINIA CONFERENCE OF THE UNITED METHODIST CHURCH

AUTHORIZATION AGREEMENT
FOR
AUTOMATIC INSURANCE PREMIUM WITHDRAWAL

I hereby authorize the West Virginia Annual Conference, hereinafter called CHURCH, to initiate debit entries and to initiate (after notification), if necessary, debit entries and adjustments for any credit entries in error to my Checking / Savings account indicated below and in the depository named below, hereinafter called DEPOSITORY, to credit and / or debit the same to such account.

CHURCH/CHARGE
BANK OR INSTITUTION NAME: _____

SPECIFIC BRANCH: _____

LOCATED: CITY _____ STATE _____ ZIP _____

TYPE OF ACCOUNT _____ CHECKING OR _____ SAVINGS

ACCOUNT NUMBER: _____

BANK 9-DIGIT ROUTING OR ABA NUMBER: _____

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

INSURANCE PARTICIPANT'S NAME: _____
(Please Print)

CHURCH/CHARGE ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ (Insured Participant)

I acknowledge the Insurance Premium Withdrawal for the above participant will be deducted from the Church/Charge account on, or after, the second Wednesday of each month.

SIGNATURE of CHURCH/CHARGE TREASURER

DATE

PLEASE ATTACH ONE VOIDED CHECK WITH THIS FORM SO THE ACCOUNT NUMBER AND ABA (ROUTING) NUMBER CAN BE VERIFIED IF NECESSARY.

DUE TO FREQUENT BANK MERGERS PLEASE CALL YOUR BANK TO VERIFY ABA (ROUTING) NUMBER AND ACCOUNT NUMBER. IT IS VERY IMPORTANT THAT THESE NUMBERS BE CORRECT.