



Automatic Deposit Authorization Agreement

I hereby authorize **First United Methodist Church** to initiate credit entries to my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Primary Account Number: Please attach a **VOIDED CHECK ONLY**

(Financial Institution Name) (Branch)

(Address) (City/State/Zip)

(Routing Number) (Account Number)

Type of Account: Checking Savings

This authority is to remain in full force and effect until **First United Methodist Church** receives written notification from me of its termination in such time and manner as to afford **First United Methodist Church** and **CB&S Bank** a reasonable opportunity to act on it.

(Print Individual Name)

(Signature) (Date)