



# Free Methodist Church – USA Defined Benefit Pension Contribution Payment

## Authorization Agreement for Automatic Withdraws (ACH Debits)

I (we) hereby authorize 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 \_\_\_\_\_ (church name and church number): 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 \_\_\_\_\_

Transit/ABA # \_\_\_\_\_ Account # \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from \_\_\_\_\_ (church name and church number) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

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

Authorized Check Signer Name: \_\_\_\_\_ please print clearly

Position \_\_\_\_\_ Email address/es of person/s to receive monthly invoices  
\_\_\_\_\_ (required)

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

2<sup>nd</sup> Authorized Check Signature (if required) \_\_\_\_\_

Date of Authorization \_\_\_\_\_

**\*\* IMPORTANT: PLEASE ATTACH A VOIDED CHECK**  
(The image below shows the necessary account information needed above.)



Return completed form to: [hrdept@fmcusa.org](mailto:hrdept@fmcusa.org) by way of secure file transfer site, WeTransfer: [hrdeptfmcusa.wetransfer.com](http://hrdeptfmcusa.wetransfer.com); fax: 317.244.1503; or mail: FMC-USA Human Resources, PO Box 51710, Indianapolis, IN 46251