



# 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 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 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

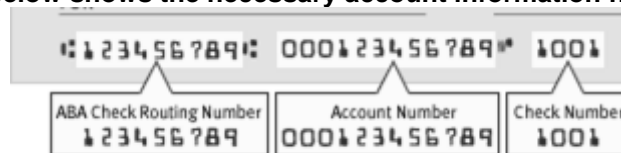
Position \_\_\_\_\_ Email address \_\_\_\_\_  
(email address is required)

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: [pension@fmcusa.org](mailto:pension@fmcusa.org) by way of secure file transfer site, WeTransfer: <https://fmcusa.wetransfer.com/>; fax: 317.244.1503; or mail: FMC-USA Human Resources, 770 N. High School Rd., Indianapolis, IN 46214