

SCHEDULE C

AUTHORIZATION AGREEMENT FOR ACH ORIGINATION

ST. PAUL UNITED METHODIST CHURCH

I hereby authorize **St. Paul United Methodist Church**, hereinafter called **SPUMC**, to initiate debit/credit entries and to initiate, if necessary, debit/credit entries and adjustments for any debit/credit entries in error to my **CHECKING OR SAVINGS** (circle selection) indicated below and the depository named below, hereinafter called **Depository**, to credit and/or debits the same of such account.

I understand that if I request a Stop Payment to be placed on a debit/credit entry due to circumstances not created by SPUMC, I will be responsible for nay charges associated with said Stop Payment.

DEPOSITORY NAME _____

CITY and STATE _____

BANK or FINANCIAL INSTITUTION: _____

ACCOUNT NUMBER: _____

TRANSIT/ABA NUMBER: _____

TOTAL AMOUNT: _____

DEBITED (circle one): **WEEKLY** **BI-WEEKLY** **MONTHLY**

To be applied to:

Stewardship Support: _____ Building Support: _____

Faith Promise Missions Support: _____

Other Designated Support: _____

The authority is to remain in full force and effect until SPUMC has received WRITTEN notification from me of its termination in such time and in such manner as to afford SPUMC and Depository a reasonable opportunity to act on it.

This authorization form is not valid unless accompanied by a copy of a CHECK or a copy of a SAVINGS CARD.

PRINT NAME

SIGNATURE

SOCIAL SECURITY NUMBER

DATE