

NC CONFERENCE OF THE UNITED METHODIST CHURCH

ACH Authorization

DIRECT DEPOSIT FOR ACCOUNTS PAYABLE

Section 1 - Vendor Information:

Name: _____ Vendor ID: _____

Mailing Address: _____

Phone #: _____

Email Address: _____

Section 2 - Account Information:

Account Type (circle one): Savings Checking

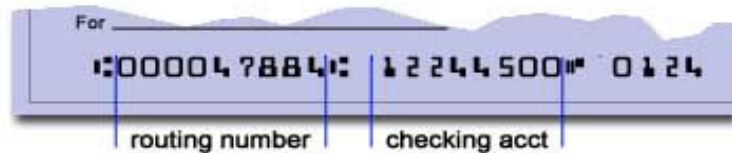
Bank Name: _____

Name on Account: _____

Routing #: _____

Account #: _____

A voided check must be attached to this form for verification of account numbers.



Section 3 - Signatures:

I (we) hereby authorize the NC Conference of The United Methodist Church (NCCUMC) to initiate credit entries, and, if necessary, debit entries and adjustments for any credit entries in error to my (our) account shown above. This authority is to remain in full force and effect until NCCUMC as received written notification from me (us) of its termination in such time and in such manner as to afford financial NCCUMC and the institution named above a reasonable opportunity to act on it.

Printed Name

Signature & Date

Printed Name

Signature & Date

Two signatures are required for church or joint accounts.

For church accounts, a Trustee or member of the Finance Committee should sign in addition to the Treasurer.

Send completed form to:

NCCUMC Treasurer's Office, Attn: Accounts Payable, 700 Waterfield Ridge Pl, Garner, NC 27529

Call Chrissy at 984-207-6063 or email accountspayable@nccumc.org with questions.

For Office Use:

Add account info to Vendor Record _____

Attach copy to Vendor Record _____

Upload copy to eBridge _____