

**DIRECT PAYMENT
AUTHORIZATION FORM
ATTACHMENT 1A**

I hereby authorize Central United Methodist Church, hereinafter called Company, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entry in error to my account indicated below and the financial institution named below, hereinafter called Depository, to debit and/or credit the same to such account, in accordance with MCL 440.4601;(Article 4A, The Uniform Commercial Code as in effect in Michigan), and the Rules of the National Automated Clearing House Association (NACHA Rules). This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Signature

Date

Member Name (please print)

Member Number/SSN# (optional)

FINANCIAL INSTITUTION INFORMATION

Account #	Financial Inst. Name	Routing/Transit #	Mo/Wk/Yr	Amount	Type of Account

CHECK ONE:

I am not currently participating in the Direct Payment Program
 ADD – Debit my payment from the account(s) indicated. *

I am currently participating in the Direct Payment Program
 CHANGE – Change financial institutions and/or account number. *
 CANCEL – Stop my participation in the program.

* Due to the time required for Company and Bank processing, allow one or two billing cycles for processing. Payments will be processed as normal until the change can be completed.