

The Florida Annual Conference of the United Methodist Church
Ministry Protection 2017 Property and Casualty Insurance Program

Pre-authorized Payment (Debit) Service Authorization Agreement

I (we) authorize the FLORIDA ANNUAL CONFERENCE AND REGIONS BANK to electronically debit the Checking / Savings Account specified below:

Bank Name _____

Bank Transit/ABA Number _____

Account Number _____

This authority is to remain in full force and effect until the FLORIDA ANNUAL CONFERENCE AND REGIONS BANK have received written notification from the undersigned of its termination in such time and in such manner as to afford the FLORIDA ANNUAL CONFERENCE AND REGIONS BANK a reasonable opportunity to act on it. A copy of this Authorization Agreement must be given to the customers and will be provided by the FLORIDA ANNUAL CONFERENCE, upon request, to REGIONS BANK

Debits will be taken in ten (10) equal monthly installments starting February 15, 2017 and ending November 15, 2017.

Church (Please Print)

GCFA Number

Signature: _____

Title: _____

Date: _____

E-Mail: _____

Please staple to this form a voided check to verify bank account.
Return to Ministry Protection at (FAX) 863-686-7363