

**Pre-authorized Payment (Debit) Service Authorization Agreement**

**The Florida Annual Conference of the United Methodist Church**

I (we) authorize the above COMPANY and the financial institution listed below to electronically debit my (our) Checking / Savings Account specified below:

Regions Bank  
321 S Kentucky Ave, Lakeland, FL

Bank Transit/ABA Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and 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 COMPANY, upon request, to the BANK.

Please check the appropriate box below to indicate what ACH authorization you are permitting.

Health

Pension

Both Health and Pension

\_\_\_\_\_  
Church (Please Print)

\_\_\_\_\_  
GCFA Number

Signature \_\_\_\_\_

Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Please staple to this form a voided check to verify bank account.**