

OFFICE ONLY: DATE RECEIVED _____ **KEYED** _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)

Company Name: Madison United Methodist Church (MUMC ASC/PS)

Check One: _____ **AFTER SCHOOL CARE**

_____ **MUMC PRESCHOOL**

Company Tax ID: 64-0679244

I (we) hereby authorize MUMC, hereinafter called COMPANY, to Initiate debit entries, credit entries and adjustments for any debit entries in error to my (our) ___**Checking** ___**Savings** (select one) indicated below and the depository named below, hereinafter called BANK, to debit and/or credit the same to such account.

BANK NAME: _____

ROUTING NO.: _____
(First set of numbers at bottom of check)

ACCOUNT NUMBER: _____
(Your Bank Account Number)

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 BANK a reasonable opportunity to act on it.

NAME(s): _____
(Parent or Guardian)

CHILD'S NAME(S): _____

ID NUMBER: SS#, or Drivers License: ___(N/A)_____

DATE: _____

SIGNED: _____

MUST HAVE VOIDED CHECK ON FILE
STAPLE VOIDED CHECK HERE