he he	Authori : we) hereby auth reinafter called	norize Wabash Cor	for Automatic V ference of the Fr ate debit entries	Withdraws (ACH Debits) ree Methodist Church – USA, and to initiate, if necessary, c	redit
the depository	named below,	hereinafter called I	(church nam DEPOSITORY, to	e): account indicated below a credit and/or debit the same	ind to
such account. Depositorv Na	ime				
				Zip	
Account Type:	:Checki	ingSavings	Date of Autho	prization	
This authority	is to remain in f	full force and effect	until COMPANY	has received written	
notification fro time and in su act on it.	m ch manner as to	o afford COMPAN	(chui / and DEPOSITC	rch name) of its termination in DRY a reasonable opportunity	such to
We prefer our	r funds drawn a	s follows:			
In the s	ame month as	the month's activity	✓ – on the last data	y of the month	
Following the	month's activity	on: 10 th of t	the month OR	15 th of the month	
Authorized Ch	eck Signer Nar	ne:		please print clearly	L
Title		_Email address of	person/s to any r	notification(s) regarding these	
transaction(s)				(email is required)	
Phone #		Signature			_
2 nd Authorized	l Check Signatı	ire (if required)			_
		ABA Check Routing Number	Account Number	nation needed above.)	

Return completed form to: <u>jill@wabashconference.org</u> or mail to: Wabash Conference, P.O. Box 40, Mooresville, IN 46158