



**"FIRST FRUIT OFFERING" AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS)**

**Originating Institution: United Methodist Financial Credit Union
Routing Number: 242077574**

Yes, after prayerful consideration, I would like to participate in "First Fruit Offering" by having my offering electronically transferred from my (select only one) checking account savings account to the _____ United Methodist Church account with the United Methodist Financial Credit Union.

Beginning on: _____, please deduct \$ _____ . 00
(please check only one)

- each Monday on the 1st of each month
 on the 15th of each month on the 1st and 15th of each month.

Please credit my offering as follows:

- All to the General Fund
 \$ _____ to the "General" Fund"
 \$ _____ to the " _____ " Fund"
 \$ _____ to the " _____ " Fund
 \$ _____ to the " _____ " Fund

I acknowledge and give permission to United Methodist Financial Credit Union to originate *First Fruit Offering* ACH debits from my account. I acknowledge that the origination of ACH transactions from my account must comply with all applicable state and federal laws.

Name of Your Financial Institution (Depository): _____

Routing Number: _____ Account Number: _____

Please attach a voided check

I UNDERSTAND THIS AUTHORIZATION MAY REMAIN IN FULL FORCE AND EFFECT UNTIL UNITED METHODIST FINANCIAL CREDIT UNION HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF MY DESIRE TO TERMINATE THIS REQUEST AND ADEQUATE TIME HAS BEEN AFFORDED FOR UNITED METHODIST FINANCIAL CREDIT UNION AND THE DEPOSITORY TO ACT ON MY REQUEST.

Signature: _____ Print Name: _____ Date: ___/___/___

Signature: _____ Print Name: _____ Date: ___/___/___

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Beacon Branch: 44 E. Exchange St • Akron, OH 44328 • Phone 330-996-3060 • Fax 330-996-3051

ASI By members' choice, your deposits are insured by American Share Insurance up to \$250,000 per account. This institution is not federally insured. MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.