



Date and initial processing of form

_____	Received and Entered	_____
_____	Sent to Credit Union	_____
_____	Financial Secretary	_____

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

**Originating Institution: Christian Family Credit Union, Inc.
Routing Number: 241280582**

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 **Mt. Moriah UMC** account with the Christian Family Credit Union.

Beginning on: _____ **please deduct \$** _____ **. 00**

- Each Monday** **1st of each month** **15th of each month**

I acknowledge and give permission to Christian Family 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 Credit Union or Bank (Depository): _____

Routing Number: _____ **Account Number:** _____

Please attach a voided check

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

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

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