



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

Originating Institution: United Methodist Financial Credit Union, Inc. 431 Ohio Pike, Suite 100,
Cincinnati, OH 45255 Local (513) 528-1521 ♦ Toll Free 800-373-1059 ♦ Fax (513) 528-7480
www.umethodist.com

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 **Normandy United Methodist Church** account with the United Methodist Financial Credit Union.

Beginning on: _____, please deduct \$_____.00 I would like \$_____ allocated to the unified operating budget. If there are other designations, please list them: \$_____ to _____ \$_____ to _____. I would like the funds to be withdrawn on (*please check one*):

1st of each month 1st & 15th of each month 15th of each month

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 Credit Union or Bank (Depository): _____

Routing Number: _____ Account Number: _____

Please attach a voided check or deposit ticket

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:** ___/___/___

Return to Normandy United Methodist Church, 450 W. Alex-Bell Rd, Centerville, OH 45459
Attn. Financial Secretary