

### **AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)**

<input type="checkbox"/> <b>ADD</b> (New Participant)	<input type="checkbox"/> <b>CHANGE</b> (Bank and/or Account#)	<input type="checkbox"/> <b>DELETE</b> (Cancel Participation)
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I (we) hereby authorize **First Methodist Carrollton** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) (\_\_\_\_)checking and/or (\_\_\_\_)savings account(s) {select one} at the depository names below, hereinafter called DEPOSITORY, to debit the same to such account.

I (we) understand that should the regularly scheduled debit date fall on a weekend or a federal holiday, the debit shall occur on the following business day.

**PLEASE ATTACH A VOIDED CHECK OR THE FINANCIAL INSTITUTION'S VERIFICATION LETTER FOR ACCOUNT VALIDATION.**

☐ **CHECKING** ☐ **SAVINGS**

Depository Financial Institution	
Amount      \$	Debit Date: <input type="checkbox"/> 1st of month
Recurrence: <input type="checkbox"/> Monthly	

## TRANSIT ROUTING NUMBERS

## ACCOUNT NUMBER INFORMATION

[illegible]

This authority is to remain in full force and effect until FMC has received written notification from me (or either of us) of its termination in such a time and manner as to afford FMC and the Depository Institution a reasonable opportunity to act on it.

Name(s) - <i>please print</i>			
Address		City & State	Zip Code
Account Holder's Name		Signed	Date

**THIS FORM WILL BE KEPT IN A SECURED LOCATION BY FIRST METHODIST CARROLLTON AS A MATTER OF RECORD. PLEASE RETAIN A COPY FOR YOUR RECORDS.**