



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

Originating Institution: United Methodist Financial 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 Salem Cass UMC account with the United Methodist Financial Credit Union.

Beginning on: \_\_\_\_\_ please deduct \$ \_\_\_\_\_. 00

- ☐ Each Monday      ☐ 1<sup>st</sup> of each month      ☐ 15<sup>th</sup> of each month  
☐ 1<sup>st</sup> & 15<sup>th</sup> 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*

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: \_\_\_\_/\_\_\_\_/\_\_\_\_