

Mississippi United Methodist Conference

Draft Authorization Form

By signing below, I authorize the Treasurer of the Mississippi Conference of the United Methodist Church to automatically draft the listed bank account for payment of Direct Invoice Clergy Benefits and/or Employee Medical Insurance premiums. I also understand that automatic drafts will be completed on the 15th of each month or the first business day following the 15th.

Church & Participants Name: _____

Church District # _____ Employee Insurance Account # _____

Treasurer's Name: _____ Contact Phone # _____

I (we) hereby authorize the Treasurer of the Mississippi Conference of the United Methodist Church hereinafter called Conference to initiate electronic debit entries to the entity checking/saving account indicated below and the depository named below.

Depository/Bank name: _____

Bank Address: _____

City: _____ State: _____ Zip Code _____

Account # _____

Transit/ABA # (Routing Number) _____

Apply to: Direct Invoice Clergy Benefits _____

Employee Insurance Premiums _____
(Medical, Dental, and Vision as applicable)

Employee FSA/DCSA _____
(Flexible Spending Account and/or Dependent Care Spending Account)

This authority is to remain in full force and effect until the Conference and the Depository has received written notification from me or other authorized church representative of its termination in such time and such manner as too afford Conference and Depository a reasonable opportunity to act on it. **All forms received by the 20th of the month will begin the following month.**

Signed _____

Date _____

* Please return this completed and signed form to the conference office:
320-A Briarwood Dr. Jackson MS 39206 or Fax to 601-326-0568

** Questions: Call Sheila Owens at 769-243-7022 or
Email at sowens@mississippi-umc.org

*****Please attach an actual or a photocopy of a voided check***
Draft shall not take effect until voided check is received**