

The Texas Annual Conference of The United Methodist Church

Group Health Benefits Medical Leave

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

I (we) hereby authorize The Texas Annual Conference of The United Methodist Church (hereinafter called the Conference), to debit my (our) bank account at the depository named below (hereinafter called Financial Institution), for **Group Health Benefits** payments. I (we) acknowledge that the origination of ACH transactions to my (our) account indicated below must comply with the provisions of U.S. law.

Financial Institution Name: _____

Transit/Routing/ABA#: _____

Account #: _____

Start Month/Year: _____

(This EFT form and voided check must be received by the TAC Benefits Office at least ten (10) business days in advance of the start date).

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

Signature: _____ Date: _____

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM

Return completed form and voided check to:

Marianela Morales
TAC Group Health Benefits
5215 Main St.
Houston, TX 77002
Fax: 713-521-7516
mmorales@txcumc.org