

**The Louisiana Annual Conference of The United Methodist Church**  
**ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT**  
**FOR BENEFITS BILLING**

(ONE FORM FOR HEALTH INSURANCE AND PENSION BILLING)

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

GCFA Church #: \_\_\_\_\_ District: \_\_\_\_\_

I hereby authorize The Louisiana Annual Conference of The United Methodist Church (hereinafter called the Conference), to debit the bank account at the depository named below (hereinafter called Financial Institution), for **Pension and Health Benefits** amounts billed to our church/institution. I acknowledge that the origination of ACH transactions to the account indicated below must comply with the provisions of U.S. law.

Financial Institution Name: \_\_\_\_\_

Transit/Routing/ABA#: \_\_\_\_\_

Account#: \_\_\_\_\_

Start Month/Year: \_\_\_\_\_

This authorization is to remain in full force and effect until the Conference has received **written notification** 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. The account will be drafted between the 20<sup>th</sup> and 25<sup>th</sup> of the month.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE **ATTACH** A COPY OF A **VOIDED CHECK** TO THIS FORM

Return completed form and voided check to:  
**Louisiana Annual Conference**  
**Administrative Ministries Office**  
527 North Boulevard  
Baton Rouge, LA 70802  
225-383-2652 (Fax)