

New England Annual Conference
411 Merrimack St, Suite 200, Methuen MA 01844

UM11202018

ACH - HEALTH INSURANCE

HEALTH INSURANCE – CO-PAY – FLEXIBLE SPENDING – HEALTH SAVINGS ACCOUNT

Authorization Agreement for Automatic Withdrawal of Funds

Church No: _____
District # - Church #

Church Name: _____

Contact Email Address: _____ Phone #: _____

Church Name on Bank Account (please print). _____

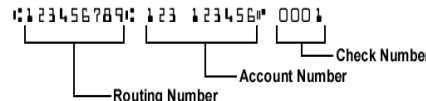
Address _____

City _____ State _____ Zip _____

Please debit payments from my (check one):

- Checking Account (attach voided check)
- Savings Account (attach savings deposit slip)

Routing Number: _____
 Routing # is located at bottom of check between the symbols | : |

Account Number: _____


Monthly Payments

Total Monthly Payment

Payment Date of Withdrawal

Health Insurance	\$	
Pastor's Co-Pay	\$	
Flexible Spending	\$	
HDHP Health Savings Account	\$	

\$ _____

1st 15th Other _____

Date of first payment: _____

Date of last payment: _____

I authorize **New England Annual Conference** and **Vanco Services, LLC** to process monthly debit entries from my account. I also authorize the **New England Annual Conference** and **Vanco Services, LLC** to make changes to these deductions due to pastoral changes during the plan year. *This authority will remain in effect until I give reasonable notification to terminate this authorization, or until the specified end date.*

Signed: _____

Date: _____

Please place voided check (if using checking account for withdrawal) or savings deposit slip (if using savings account for withdrawal) here. Return to Kerry Patles at Conference office address above.
kpatles@neumc.org FAX: 978-682-8227

You do not need to place a check or deposit slip if you are currently using ACH and your bank account information has not changed.