HEALTH INSURANCE – COPAY – FLEXIBLE SPENDING – HEALTH SAVINGS ACH FORM

Authorization Agreement for Automatic Withdrawal of Funds			
Church # Church Name:	Pastor Name:		
Contact Email Address: Phone #			
Church Name on Bank Account (please print)			
Address			
City	StateZip	o	
Please debit payments from my (check one):	Routing Number:	Routing Number: _Routing # is located at bottom of check between the symbols : :	
Checking Account (attach voided check)	Account Number:	Account Number:	
Savings Account (attach savings deposit slip)	Routing Number	Account Number	
Monthly Withdrawal Amount	Total Monthly Payment	Please choose your date of withdrawal	
0101 Health Insurance \$			
0201 Pastor's Copay \$. \$	☐ 1 st ☐ 15 th ☐ Other	
0202 Flexible Spending Account \$			
0204 Health Savings Account \$	-		
Date of First Withdrawal: Date of Last Withdrawal:			
I authorize New England Annual Conference a authorize the New England Annual Conference pastoral/premium changes during the plan yea terminate this authorization, or until the special conference and the special conference authorization authorization.	e and Vanco Services, LLC to make r. <i>This authority will remain in ej</i>	changes to these deductions due to	
Signed:		Date:	

Please place voided check or savings account deposit slip here.

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

Return completed form to Kerry Patles at Conference office address above or kpatles@neumc.org FAX: 978-682-8227