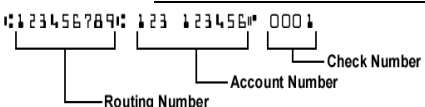


**PASTOR PENSION
 ACH FORM**

**** DO NOT COMPLETE THIS FORM UNTIL THE PASTOR COMPENSATION REPORT HAS BEEN APPROVED @ CHURCH & DISTRICT OFFICE LEVEL ****

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 _____ State _____ Zip _____		
Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach voided check) <input type="checkbox"/> Savings Account (attach savings deposit slip)	Routing Number: _____ Routing # is located at bottom of check between the symbols : : Account Number: _____ 	
Monthly Withdrawal Amount 0501 Pastor Pension \$ _____	Total Monthly Payment \$ _____	Please choose your date of withdrawal <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Other _____
Date of First Withdrawal: _____ Date of Last Withdrawal: _____		
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/premium changes during the plan year. <i>This authority will remain in effect until I give reasonable notification to terminate this authorization, or until the specified end date.</i>		
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**