

New England Annual Conference
411 Merrimack St, Methuen MA 01844

**WORKERS COMPENSATION
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 _____ 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: _____

⌚ 23456789 ⌚ 23 23456 ⌚ 000 ⌚
Routing Number Account Number Check Number

Monthly Withdrawal Amount

0702 Workers Comp \$ _____

Total Monthly Payment

\$ _____

Please choose your date of withdrawal

1st 15th 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. ***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 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**

AR – Fixed (monthly)