



Alabama-West Florida Conference

The United Methodist Church

Apportionment Draft Agreement Form

Church Name _____

GCFA Number _____ Conf. Church Number _____

Authorization Agreement

I hereby authorize the Alabama – West Florida Conference to initiate automatic drafts from this account at the financial institution named below. I also authorize AWF Conference to make deposits into this account in the event that a draft is made in error.

This agreement will remain in effect for one fiscal year. Cancellations or changes to banking information will not be made unless the AWF Conference receives a written notice from me or our financial institution, or unless I submit a new Apportionment Draft Agreement form to the Fiscal Office.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please draft: 1/12 of my annual apportionments each month

\$ _____ each month

I would like my apportionments drafted on the (please circle) 1st 2nd 3rd 4th Friday of every month. (Please note: if your draft date is holiday and banks are closed a draft will be made the following Monday.)

Please attach a voided check and return this form by fax, email, or mail:

Fax: 334.274.1052

Email: Heidi@awfumc.org

Mail: AWF Fiscal Office
Attn: Heidi Mitchell
4719 Woodmere Blvd
Montgomery, AL 36106

For Office use only:

Keyed in Accounting System: _____ Date: _____