

First FRUIT OFFERING



“FIRST FRUIT OFFERING” AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Originating Institution: West Ohio United Methodist Credit Union, Inc.
Routing Number: 242077574

Yes, after prayerful consideration, I would like to participate in “First Fruit Offering” by having my offering electronically transferred from my (*select only one*) checking account savings account to the **Shoulder to Shoulder Ministries Inc.** account with the West Ohio United Methodist Credit Union.

Beginning on: ____/____/____, please deduct \$_____.00
(*please check only one*)

- Each Monday
- On the 1st of each month
- On the 15th of each month

I acknowledge and give permission to West Ohio United Methodist Credit Union to originate “First Fruit Offering” ACH debits from my account. I acknowledge that the origination of ACH transactions from my account must comply with all applicable state and federal laws.

Name of Your Credit Union or Bank (Depository): _____

Routing Number: _____ Account Number: _____

Please attach a voided check

I UNDERSTAND THIS AUTHORIZATION MAY REMAIN IN FULL FORCE AND EFFECT UNTIL WEST OHIO UNITED METHODIST CREDIT UNION HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF MY DESIRE TO TERMINATE THIS REQUEST AND ADEQUATE TIME HAS BEEN AFFORDED FOR WEST OHIO UNITED METHODIST CREDIT UNION AND THE DEPOSITORY TO ACT ON MY REQUEST.

Signature: _____ Print Name: _____ Date: ____/____/____

Signature: _____ Print Name: _____ Date: ____/____/____

Return to Shoulder to Shoulder Ministries at:
4030 Mt. Carmel- Tobasco Rd., Suite 304, Cincinnati, OH 45255 **or**
Fax: (513) 297- 1567 **or**
E-mail: george@shouldertoshoulderministries.org