

AUTOMATIC (ACH) HEALTH INSURANCE MONTHLY PREMIUM PAYMENT

To enroll in the Automatic Payment Plan:

1. Complete the authorization form below.
2. Attach a voided check or deposit slip.
3. Return both items to: Office of Finance & Administration
Kansas West Conference
9440 East Boston, Suite 110
Wichita, KS 67207-3600

The health insurance premium for your church will be paid on the **fifth day of each month**. The deduction will appear on the church bank statement. You may cancel the Automatic Payment Plan at anytime by notifying your bank and the Conference Office of Finance & Administration.

KANSAS WEST CONFERENCE OF THE UNITED MEHTODIST CHURCH

AUTHORIZATION FOR AUTOMATIC PAYMENT OF HEALTH INSURANCE PREMIUM

CHURCH NAME:										
ADDRESS:										
CITY:						STATE:		ZIP:		
TELEPHONE:										
FINANCIAL INSTITUTION:										
CITY:					STATE:					
ACCOUNT NUMBER:										
TRANSIT ROUTING NUMBER: (9 digit # on lower left corner of check)										
√ IMPORTANT: For accurate processing, please attach a voided check or deposit slip.										
I authorize you to charge the church account monthly for payment of health insurance premiums and to make that deduction payable to Kansas West Conference of the United Methodist Church.										
DATE: _____					SIGNATURE: _____ PRINTED NAME: _____ TITLE: _____					