

# BOARD OF PENSION and HEALTH BENEFITS

Oklahoma Conference  
The United Methodist Church  
1501 NW 24th St, Oklahoma City OK 73106-3635

## **Agreement with the Oklahoma Conference for automatic payments of pension and health benefits**

**\*I understand all withdrawals occur on or around the 15<sup>th</sup> of each month\***

**\*By signing this form you agree to automatic drafts by the conference\***

Church/Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P.O. Box City, State and Zip Code

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Checking Acct. Number: \_\_\_\_\_

Start in the month of: \_\_\_\_\_

Authorized By: (Please Print Name) \_\_\_\_\_, Role: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

Please return completed forms to the email or address below:

Email: [dkuckenbecker@okumc.org](mailto:dkuckenbecker@okumc.org)

**Or**

Oklahoma United Methodist Conference  
Attn: Conference Benefits Office  
1501 NW 24<sup>th</sup> Street  
Oklahoma City, OK 73106