

AUTHORIZATION AGREEMENT DIRECT DEPOSITS (ACH CREDITS)

I (we) _____ hereby authorize The Baptist Foundation of Alabama, hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name on Account

Financial Institution Name

Address

City/State

Zip

Type of Acct: Checking Savings

Routing Number

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Account Number

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This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Institution Name

Federal ID #

OR

Individual Name

SSN

Signature(s):

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM