AUTHORIZATION AGREEMENT
Automatic Draft (ACH Debits)

I (we) _____ hereby authorize The Baptist Foundation of Alabama, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit 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

❑ Amount $ _____

❑ Draft on _____ day of the month

❑ By Request: Authorized Person(s) to make request a minimum of 48 hours in advance.

Type of Acct: ☐ Checking ☐ Savings

Routing Number

Account Number

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