



# ACH CONTRIBUTION AGREEMENT

Arkansas Baptist  
foundation

Account Name: \_\_\_\_\_

ABF Account #: \_\_\_\_\_ (One Agreement Per Account)

I hereby authorize Arkansas Baptist Foundation ("ABF") to initiate deposits to this account from my bank account at the financial institution named below. I also authorize ABF to initiate, if necessary, adjustments for any entries initiated in error or as a result of overpayment.

**This authorization relates to: (Please check one of the following)**

\_\_\_\_\_ Regular contributions of \$ \_\_\_\_\_ per \_\_\_\_\_ to be withdrawn on the \_\_\_\_\_ of the month. I (we) will inform ABF in writing of any future change in this account.

\_\_\_\_\_ One-time cash contribution in the amount of \$ \_\_\_\_\_.

Name of Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_ Bank Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please indicate your bank account type and account number in the space provided (please choose only ONE option):

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

(YOU MUST ENCLOSE A VOIDED BANK CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP.)

## Beneficiary Acknowledgement

I hereby authorize the financial institution named above to accept automatic deposits or withdrawals by ABF, without any responsibility for the correctness of any such deposit or withdrawal. I understand that this authorization may be cancelled by either party at any time. My cancellation will become effective as to ABF when ABF receives my written notice of cancellation and has had a reasonable period of time on which to act on it. Any automatic deposits to or withdrawals from my account by ABF up until that time will be authorized by this Authorization Agreement.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Account Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL ACCOUNT OWNERS MUST SIGN. SIGN BELOW IF NECESSARY.**