ACH CONTRIBUTION AGREEMENT

ARKANSAS BAPTIST FOUNDATION
Proven Trust ◆ Life-Changing Legacies

Account Name: _____

ABF Account #: _____ (One Agreement Per Account)

I hereby authorize Arkansas Baptist Foundation, hereinafter called "ABF," to initiate credit and/or debit entries to my checking and/or savings account named below and the depository indicated below, hereinafter called "Depository," to credit and/or debit the same to such account. All ACH transactions originated will comply with the laws of the United States. I also authorize ABF to initiate, if necessary, adjustments for any debit or credit entries initiated in error or as a result of overpayment or underpayment.

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_____   Regular contributions of $_____ per _____ to be withdrawn on the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. This authority is to remain in full force and effect until ABF has received written notification from me of its termination in such time and in such manner as to afford ABF and Depository a reasonable opportunity 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. I further authorize my executor (or beneficiary) to return to ABF from my estate or trust assets any amount that has been deposited to my account beyond the legal responsibilities of ABF.

Authorized Signature: _____ Date: _____

Joint Account Signature: _____ Date:_____
ALL ACCOUNT OWNERS MUST SIGN. OTHERS SIGN BELOW IF NECESSARY.
Please attach a voided check to this form.