



SERVE. ADVISE. ENCOURAGE.

ACH AUTHORIZATION AGREEMENT

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)

All future cash distributions, including regularly scheduled payments and/or requested payments. I/we will inform ABF in writing of any future change in this account.

One-time cash distribution in the amount of \$_____.

Name of Financial Institution: _____	
Branch: _____	Bank Phone Number: _____
City: _____	State/Zip Code: _____
Please indicate your bank checking or savings account number in the space provided:	
Checking Account Number: _____	Savings Account Number: _____
You must enclose a voided check or account deposit slip.	

Beneficiary Acknowledgement

I hereby authorize the financial institution named above to accept automatic deposits or withdrawals by ABF, according to the undersigned(s) instruction or according to an agreement/gift instrument of which the undersigned(s) is/are a party. 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 the undersigned, or his/her authorized representative, 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:** _____

After completing form, please return by email (info@abf.org), fax (501-376-3831), or mail to the Arkansas Baptist Foundation, 10 Remington Drive, Little Rock, AR 72204.