

## ACH CONTRIBUTION AGREEMENT

Account Name:		
ABF Account #:	_(One Agreement Per Acc	ount)
I hereby authorize Arkansas Baptist Found my checking and/or savings account name called "Depository," to debit the same to so with the laws of the United States. I also a debit or credit entries initiated in error or as	ed below and the depository uch account. All ACH transa uthorize ABF to initiate, if n	indicated below, hereinafter ctions originated will comply ecessary, adjustments for any
This authorization relates to: (Please check	one of the following)	
Regular contributions of \$ the month. I (we) will inform ABF		
One-time cash contribution in the a	amount of \$	
Name of Financial Institution:		
Branch:	Bank Phone Number:	
City: State/Zip Code:		
Please indicate your bank checking or sa	vings account number in the	space provided:
Checking Account Number: Savings Account Number:		ımber:
You must enclose a voided check or acco	ount deposit slip.	
Benefici I hereby authorize the financial institution according to the undersigned(s) instruction the undersigned(s) is/are a party. I understate at any time. This authority is to remain notification from the undersigned, or his/time and in such manner as to afford ABF automatic withdrawals from my/our accordant Authorization Agreement.	n or according to an agreement of that this authorization makes in full force and effect until her authorized representation and Depository a reasonable of the control of	ent/gift instrument of which by be cancelled by either party il ABF has received written be, of its termination in such copportunity to act on it. Any
Authorized Signature:	·	Date:
Joint Account Signature:		Date: