AUTHORIZATION AGREEMENT Automatic Draft (ACH Debits)

hereinafter called COMPANY, to i	nitiate debit entries to FINANCIAL INSTITUT	my (our) account indicat ION, to debit the same t	e Baptist Foundation of Alabama ed below and the financial institution o such account. I (we) acknowledge e provisions of U.S. law.
Name on Account			
Financial Institution Name			
Address	City/State	Zip	
☐ Amount \$			
☐ Draft on day of t	he month		
☐ By Request: Authorized Person	n(s) to make request a	minimum of 48 hours in	advance.
Type of Acct:	Savings		
Routing Number			
Account Number			
	h time and manner		written notification from me (or either and FINANCIAL INSTITUTION
Institution Name			Federal ID #
OR			
Individual Name			SSN
Signature(s):	*		