



ACH WITHDRAWAL AGREEMENT

Account Name: _____

SBTF Account #: _____ (One Agreement Per Account)

I hereby authorize the Southern Baptists of Texas Foundation, hereinafter called "SBTF," to initiate debit entries to my checking and/or savings account named below and the depository financial institution indicated below, hereinafter called "Bank," to debit the same to such account. All ACH transactions originated will comply with the laws of the United States. I also authorize SBTF 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- Regular withdrawals of \$ _____ per _____ to be withdrawn on the _____ of the month. I (we) will inform SBTF in writing of any future change in this account.
- One-time withdrawal in the amount of \$ _____.

Name of Financial Institution: _____

Branch: _____ Bank Phone Number: _____

City: _____ State/Zip Code: _____

Bank Routing Number: _____

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 withdrawals by SBTF, 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 SBTF 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 SBTF and Bank a reasonable opportunity to act on it. Any automatic withdrawals from my/our account by SBTF up until that time will be authorized by this Authorization Agreement.

Authorized Signature: _____ Date: _____

Joint Account Signature: _____ Date: _____

After completing form, please return by email (contactus@sbtexasfoundation.com), fax (682-252-4769), or mail (Southern Baptists of Texas Foundation, 4025 Woodland Park Blvd., Ste. 380, Arlington, TX 76013).