



Authorization Agreement for Automatic Deposit

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

COMPANY NAME: Tennessee Baptist Foundation

I (we) authorize the Tennessee Baptist Foundation, hereinafter called COMPANY to initiate credit entries to my (our) Checking ____ Savings ____ account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

DEPOSITORY NAME

BRANCH

CITY

STATE

ZIP

BK TRANSIT/ABA NO.

ACCOUNT N°

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME (s)

TIN#

DATE

SIGNED

SIGNED

**Required: Voided Check or Deposit Ticket Must be Attached
Or Form Will Be Returned And Will Not Be Processed.**

CONTACT US

All forms can be scanned and emailed to the email address below.

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