

SAVINGS ACCOUNT FORM

INSTRUCTIONS

Name of Savings Account may appear as: John Doe.

In event the Savings Account will be in name of both husband and wife: John Doe or Jane Doe.

If a child is to be included: John Doe or Jane Doe or (child's name).

The Social Insurance number of the one who will be credited with the interest earned.

The complete civic address must be indicated.

Minimum initial deposit required: \$100.00

Specify how the interest is to be treated (ie) paid semi-annually or to accumulate.

The current interest rate on the initial date of the account is guaranteed for one (1) year.

Savings may be withdrawn entirely or in part (including interest) at any time, without penalty.

Amount of Deposit: \$ _____ Date: _____

Interest (Check One): _____ To accumulate _____ Paid semi-annually

Name(s): _____

Address: _____ City/Town: _____ Prov.: _____ Code: _____

Tel #: _____ Email Address: _____

Social Insurance #: _____ Social Insurance #: _____

Depositor's Signature: _____ Depositor's Signature: _____

Make cheque payable to, and mail to:

Atlantic Baptist Foundation
35 Atlantic Baptist Avenue
Moncton, NB. E1E 4N3

Official receipts for all deposits will be mailed to you.

PLEASE SUBMIT THIS AUTHORIZATION FORM WITH THE DEPOSIT FORM

DIRECT DEPOSIT SERVICE

Thank you for using the services and supporting the ministry of Atlantic Baptist Foundation. Atlantic Baptist Foundation is adopting a Direct Deposit plan whereby interest payments as well as any requested withdrawals from your Savings Account are electronically deposited directly into your bank account.

We believe this is a safer, faster and more convenient way to process your interest payments (in the case of those whose accounts are set up to have the interest paid semi-annually) and/or when you request withdrawals from your savings account.

To receive your funds by Direct Deposit, please complete the attached authorization form and return it to our office along with a void cheque.

Upon receipt of your authorization, future interest payments and/or account withdrawals will be by Direct Deposit.

If you do not have a bank account, please be assured a cheque for interest payment and/or account withdrawals will be sent to you by mail.

We appreciate your co-operation by using the Direct Deposit plan.

Sincerely,

(Mrs.) Lisa Lewis
Manager – Client Services

I hereby authorize Atlantic Baptist Foundation to electronically deposit my/our interest payments and/or any of my/our withdrawals directly to my/our bank account as described herewith. I/we will advise you of any change in this regard and the authorization is to remain in effect until I/we cancel it in writing.

Signature

Date

Signature

For Office Use ABF Code

Financial Institution: _____

Address: _____

Branch Transit #: _____ Account #: _____

Full Name of Account: _____

PLEASE PROVIDE A “VOID” CHEQUE

To withdraw from your savings account, please complete a withdrawal request and return by fax or mail.
Atlantic Baptist Foundation, 35 Atlantic Baptist Ave, Moncton, NB E1E 4N3. Fax: 506-852-4378.

ATLANTIC BAPTIST FOUNDATION

SAVINGS ACCOUNT WITHDRAWAL REQUEST

I (We) request a withdrawal of:

- the total amount of funds in my/our account plus interest to date;
- or
- the amount of \$ _____ to be deducted from my/our savings account

Funds withdrawn will be directly deposited to your bank account upon receipt of your request.

FOUNDATION ACCOUNT CODE

Signature of Registered Account Holder(s)

Date: _____

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