



SAVINGS ACCOUNT DEPOSIT FORM AND 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.

Savings may be withdrawn entirely or in part (including interest) at any time, without penalty.

Interest (Check One) To accumulate Paid semi-annually

Amount of Deposit: \$ _____

Name(s): _____

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

Tel #: _____ Email Address: _____

Depositor's Signature: _____ Date: _____

Social Insurance #: _____

Depositor's Signature: _____ Date: _____

Social Insurance #: _____

Make cheque payable and mail to:

Atlantic Baptist Foundation

10 Atlantic Baptist Avenue

Moncton, NB. E1E 4N2

Telephone: 506-857-9482

lisa.lewis@baptistfoundation.com

An official receipt will be mailed to you.

Restricted to members/adherents of CBAC Churches.

Guaranteed by the assets of the Foundation, not by CDIC or any other Government Agency.

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. Interest payments as well as any requested withdrawals from your Savings Account are electronically deposited directly into your bank account.

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

