



Atlantic Baptist Foundation

INSTRUCTIONS:

1. Naming the Savings Account:

- For an individual: John Doe.
- For a couple: John Doe or Jane Doe.
- To include a child: John Doe or Jane Doe or (child's name).

2. Social Insurance Number:

- Provide the Social Insurance Number of the individual who will be credited with the interest earned.

3. Address:

- Please indicate the complete civic address.

4. Minimum Initial Deposit:

- The required minimum initial deposit is \$100.00.

5. Interest Treatment:

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

6. Withdrawals:

- Savings may be withdrawn entirely or in part (including interest) at any time, without penalty.

SAVINGS ACCOUNT DEPOSIT FORM



DEPOSIT DETAILS

Amount of Deposit: \$_____

Date: _____

Interest (Check One):

- To accumulate _____
- Paid semi-annually _____

Name(s): _____

Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Telephone #: _____

Email Address: _____

Depositor's Signature: _____

Social Insurance #: _____

Depositor's Signature: _____

Social Insurance #: _____

Please make the cheque payable and mail to:

Atlantic Baptist Foundation

PO Box 6003

Moncton, NB E1C 0V7

An official receipt will be mailed to you.

Note: This form is restricted to members/adherents of the Convention of Atlantic Baptist Churches.



Atlantic Baptist Foundation

DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE SUBMIT THIS AUTHORIZATION FORM WITH THE DEPOSIT FORM

AUTHORIZATION FORM

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 detailed below. I/we will advise the Foundation of any changes, and this authorization will remain in effect until I/we cancel it in writing.

Signature: _____

Date: _____

Signature: _____

Date: _____

Financial Institution Information:

Financial Institution Name: _____

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 it by fax or mail to:

Atlantic Baptist Foundation
PO Box 6003, Moncton, NB E1C 0V7
Fax: 506-852-4378

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Funds withdrawn will be directly deposited into your bank account upon receipt of your request.

FOUNDATION ACCOUNT CODE: _____

Signature of Registered Account Holder(s): _____

Date: _____