## **BANK DRAFT AUTHORIZATION**

## PARTICIPANT INFORMATION (Please Print)

Name:		DOB.:		Acct #:
Address:			State:	Zip:
Telephone: (Circle one: Home or Cell)		Email	:	
BANK DRAFT INFORMATION	l			
Bank Draft Amount \$	Check one: 🛯 Retirem	ent Contribution	Note Payment	□ Insurance Premium
Contribution Type (check one): D Pre	-tax Salary Reduction	Roth Salary Rec	duction 🗅 Employer	Personal After-tax
Month to Begin:	Schedule of Draft (che	eck one): 🛯 One-ti	me draft 🛛 1 <sup>st</sup> of the	e month

Note: If the  $1^{st}$  falls on a weekend or holiday, draft will be on the next business day.

MULTIPLE PARTICIPANTS: If this draft is for multiple participants, please include a separate sheet listing their name, account number, amount of contribution, and type of contribution (i.e. pre-tax salary reduction, Roth salary reduction, or employer).

## **BANK ACCOUNT INFORMATION**

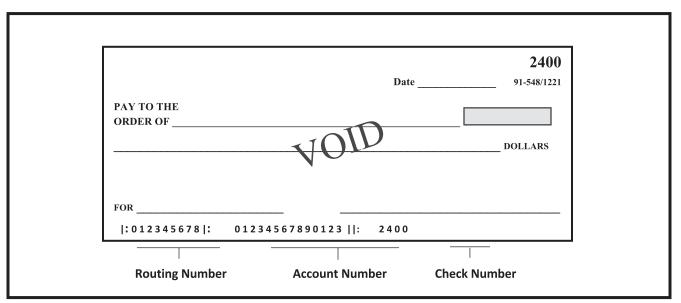
Name(s) on Bank Account:

Routing Number: \_\_\_\_

\_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Account Type (check one): Checking Savings

\*\*Please attach a voided check below, a copy of check, a picture of a check, or official bank form which includes routing and account number.



## DRAFTING AUTHORIZATION AND AGREEMENT

I hereby authorize the Board of Retirement & Insurance to draft payments electronically from my checking/savings account. To ensure that my account is properly debited, I have attached a voided check, copy of check, or official bank form including routing and account number where my payments will be withdrawn. I acknowledge the monthly bank draft will take place on the date I chose above. I agree that this authorization will remain in effect until I provide notification terminating this service.

Signature: \_

Date:

\*Note If any contribution (or any portion of a contribution) is made by a good faith mistake of fact, then within one year after the payment of the contribution, and upon receipt in good order of a proper request approved by the Board of Retirement, the amount of the mistaken contribution (adjusted for any loss in value) shall be returned directly to the participant or, to the extent required or permitted by the Board of Retirement, to the participating employer.



**FREE WILL BAPTIST BOARD OF RETIREMENT** P.O. Box 5002 • Antioch, TN 37011-5002 • 615.731.6812 • 877.767.7738 www.boardofretirement.com