

# BANK DRAFT AUTHORIZATION

## PARTICIPANT INFORMATION *(Please Print)*

Name: \_\_\_\_\_ DOB.: \_\_\_\_\_ Acct #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (Circle one: Home or Cell) \_\_\_\_\_ Email: \_\_\_\_\_

## BANK DRAFT INFORMATION

Bank Draft Amount \$ \_\_\_\_\_ Check one:  Retirement Contribution  Note Payment  Insurance Premium  
Contribution Type (check one):  Pre-tax Salary Reduction  Roth Salary Reduction  Employer  Personal After-tax  
Month to Begin: \_\_\_\_\_ Schedule of Draft (check one):  One-time draft  1<sup>st</sup> of the month

*Note: If the 1<sup>st</sup> 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.**

The image shows a voided check form with the following fields and values:

- Amount: 2400
- Date: \_\_\_\_\_
- Routing Number: | : 012345678 | :
- Account Number: 01234567890123 || :
- Check Number: 2400
- Pay to the order of: \_\_\_\_\_
- For: \_\_\_\_\_
- VOID stamp: A large diagonal stamp reading "VOID" is placed over the center of the form.

## 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a voided check, copy of check, or official bank form including routing and account number where my payments will be withdrawn.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**  
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