

THE NORTH CAROLINA BAPTIST FOUNDATION, INCORPORATED

BANK DRAFT ENROLLMENT FORM

NAME _____ **SS#** _____

SPOUSE _____ **SS#** _____

ADDRESS _____

TELEPHONE # _____

MY BANK'S NAME _____

BANK ROUTING # _____

PLEASE CHECK ONE:

Draft from my checking account # _____
(attach voided check)

Draft from my savings account # _____
(attach deposit slip)

I understand a draft in the amount of \$ _____ will be drafted from my account monthly/quarterly/semiannually/annually for the following purpose:
(please circle one)

(list name of fund at NCBF to be credited)

I authorize debit entries and any adjustments to be made to my account. I understand that I can terminate the bank draft arrangement simply by giving written notice.

SIGNATURE(S)

DATE _____

RETURN TO:

The NC Baptist Foundation, Inc.
Attn: Accounting Department
201 Convention Drive
Cary, NC 27511-4257