

**ATLANTIC BAPTIST FOUNDATION  
SAVINGS & MONTHLY INCOME PLAN**

**APPLICATION**

I/We hereby apply for an Atlantic Baptist Foundation Savings & Monthly Income Plan, and agree with the conditions of the Plan as described herein.

Owner(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Initial Deposit: \$ \_\_\_\_\_

**AUTHORIZATION**

I/We hereby authorize Atlantic Baptist Foundation to make regular payments on the first business day of each month for the duration of my/our plan to my/our account as named below.

I/We will advise you of any change in this regard, and this authorization is to remain in effect until cancelled in writing.

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_

Transit Number: \_\_\_\_\_

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

**Attach a AVOID≅ blank cheque.**

Monthly payment amount: \$ \_\_\_\_\_

Beginning \_\_\_\_\_ 20\_\_\_\_\_

This Plan will take effect the date Atlantic Baptist Foundation issues a receipt and Confirmation Certificate.

Date: \_\_\_\_\_ Signature of Owner(s): \_\_\_\_\_  
\_\_\_\_\_

**ATLANTIC BAPTIST FOUNDATION**  
Savings & Monthly Income Account Code #

\_\_\_\_\_  
Authorized signature Atlantic Baptist Foundation  
Rev. July 2009

Date \_\_\_\_\_