

**OPTIONAL DIRECT DEPOSIT FORM
INSTRUCTIONS**

1. Read and sign authorization agreement.
2. Staple a voided check in space provided below.
3. Mail form to the Georgia Baptist Foundation
6405 Sugarloaf Parkway, Duluth, GA 30097-4092

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I authorize SunTrust Bank, Atlanta to electronically deposit my distribution to the bank account specified on the voided check stapled below.

If monies to which I am not entitled are deposited to my account, I authorize SunTrust Bank to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until revoked by me in writing.

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____
ACCOUNT TYPE: CHECKING _____ SAVINGS _____
BANK NAME: _____
BANK ADDRESS: _____
BANK PHONE NUMBER: _____
ROUTING NUMBER: _____
ACCOUNT NUMBER: _____

AUTHORIZED SIGNATURE

DATE

STAPLE HERE A VOIDED CHECK OR SHAREDRAFT