

AG Foundation Account Information

Account Number(s) _____

Print Account Name _____

Donor/Beneficiary Information

Name _____

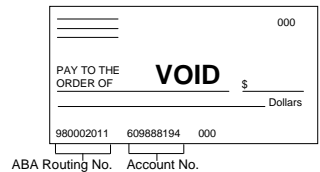
Address _____ City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Authorization Agreement for Automatic Credits (Only complete if you elect to have funds paid out to you.)

This will authorize AG Foundation, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account indicated below for distributions due to you on the account number indicated. This authorization is to remain in force until AG Foundation has received written notice of its termination in such time and in such manner as to afford AG Foundation and your bank a reasonable opportunity to act on it. This authorization does not change the terms of your contract. Any request made after 12:00 pm Central Time will be processed the next business day. Please allow up to three (3) business days for the funds to post to your account.

This will authorize the bank indicated on the enclosed check for checking accounts or savings deposit ticket for savings accounts, and as listed below, to debit and/or credit the same to the account indicated.



Attach here.

Name(s) As They Appear On Your Bank Account _____ Checking Savings

Bank Account Number _____ Bank ABA Number (Located in bottom left corner of check.) _____

Bank Name (Please print) _____ Bank Telephone Number _____

Bank Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

Second Signature (For Joint Accounts) _____ Date _____