



Georgia Baptist Foundation

Account Authorization

Account Name(s)

Account Number/s

Mailing address for statements and other correspondence: **Change of Address**

Organization Name:

Street Address:

City, Zip:

—

Phone:

Please indicate the persons authorized to sign withdrawal requests (W/D Auth.) and access the Foundation's online client portal (Ministry ClientView) below. There MUST be more than one authorized person listed.

Account Authorized Personnel		W/D Auth.	Ministry ClientView
Name ¹ :	Phone:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	Email:		
Name ² :	Phone:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	Email:		
Name ³ :	Phone:	<input type="checkbox"/>	<input type="checkbox"/>
Title:	Email:		



Account Authorized Personnel (cont.)

W/D Auth. Ministry ClientView

Name 4: Phone: [] []

Title: Email:

IMPORTANT Number of signatures required for withdrawals (if applicable): _____ (If above line is not completed, we will need 2 signatures for withdrawals.) Withdrawal requests must be submitted to The Foundation on your ministry's/agency's stationery via email, fax, or US mail.

Form must be signed by one party representing the organization:

Signature 1: Date:

Print Name: Title:

Phone: Email:

Signature 2: Date:

Print Name: Title:

Phone: Email:

IMPORTANT: Please notify us of any leadership changes.

Ministry ClientView Disclosure: Account information available through Ministry ClientView is for inquiry purposes only. Information cannot be altered onscreen. No account activity (including withdrawals, wires, and transfers) can be initiated through Ministry ClientView. Data can be exported to the user's file for spreadsheet applications or saving as a PDF document.

Please be aware that the first 10 business days of the month are needed to summarize and report activity through the prior month-end.