



Georgia Baptist
Foundation

Account Authorization - Donor Agreements

Account Name(s) _____

Account Number/s _____

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

Street Address: _____

City, Zip: _____ Phone: _____

Please indicate the person(s) authorized to access the Foundation's online client portal (Ministry ClientView) below.

Account Authorized Personnel

Name ¹: _____ Phone: _____

Email: _____

Name ²: _____ Phone: _____

Email: _____

Name ³: _____ Phone: _____

Email: _____

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.

Signature: _____ Date: _____

Print Name: _____