



P. O. Box 311  
 Alexandria, LA 71309-0311  
 Contact@LBFinfo.org  
 (877) 523-4636

Entity Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ eMail: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 \_\_\_ New Account \_\_\_ Update Information

LBF ONLY: Owner Number \_\_\_\_\_

## 1. Account Maintenance/Signers

\_\_\_\_\_ (ENTITY), authorizes the following ***individuals to maintain and/or approve withdrawals*** on our account(s) with the Louisiana Baptist Foundation and ***certifies*** that the ENTITY has granted the authority as stated and that we agree to the terms of the Account Management Agreement:

Signature: _____ Printed: _____ Phone: _____ eMail: _____	Signature: _____ Printed: _____ Phone: _____ eMail: _____
Signature: _____ Printed: _____ Phone: _____ eMail: _____	Signature: _____ Printed: _____ Phone: _____ eMail: _____
Signature: _____ Printed: _____ Phone: _____ eMail: _____	Signature: _____ Printed: _____ Phone: _____ eMail: _____

The Foundation will need a ***withdrawal slip signed by \_\_\_(number) individual(s)*** listed above in order to process withdrawal requests. We agree to notify the Louisiana Baptist Foundation in the event any of these signers change.

## 2. Account Allocation / Disbursement of Income

**Investment(s):**     Short Term Fund     Group Investment     Diversified Income     Other

**Income Distribution:**     Reinvested     Distributed to Entity     Other: \_\_\_\_\_

## 3. Electronic Funds Transfer

We desire to have LBF process any specific requests for electronic transfers received in LBF's office for transfer to and/or from my bank or credit union account. **Please attach a voided check, savings account statement, or letter of account confirmation from your financial institution corresponding to transfers with your account(s) at LBF.**