

TRANSACTION AUTHORIZATION

Church/Institution:

Address:

City, State, Zip:

Date:

FOR INTERNAL LBF USE ONLY

PAS#

ACH#

CK#

DATE:

INITIALS:

LBF Account Name	LBF Account #	Transaction Type (Deposit/Withdrawal)	Amount	ACH or CHECK	Transfer to LBF Account #
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FOR WITHDRAWALS:

Signature: _____

Printed Name:

Signature: _____

Printed Name:

Signature: _____

Printed Name:



**LOUISIANA
BAPTIST
FOUNDATION**

P.O. Box 311, Alexandria, LA 71309-0311

(877) 523-4636

*For withdrawals, please *print, sign, and mail/email/fax a paper copy* of this transaction authorization form to the Louisiana Baptist Foundation.

*For deposits and transfers, you may fill out the form, save it as a PDF, and email it to the Louisiana Baptist Foundation. You may also print and mail a paper copy of this form if you prefer.