LOUISIANA BAPTIST FOUNDATION

Transaction Authorization

P.O. Box 311
Alexandria, LA 71309-0311
(318) 445 - 4495
contact@LBFinfo.org

Date: ___ /___ /_____

Church/Entity: _____

Address: _____

City: _____ State: _____

Zip: _____ Telephone: (____) ____ - _____

Email: _____

FOR INTERNAL LBF USE ONLY	
PAS #:	
ACH #:	
CK#:	
DATE:	
INITIALS:	

LBF Account Name	LBF Account #	Transaction	Amount	Transfer to LBF Account # (Not applicable for deposits/withdrawals)
		☐ Deposit ☐ Withdrawal ☐ Transfer		
		☐ Deposit ☐ Withdrawal ☐ Transfer		
		☐ Deposit ☐ Withdrawal ☐ Transfer		
		☐ Deposit ☐ Withdrawal ☐ Transfer		
		☐ Deposit ☐ Withdrawal ☐ Transfer		

FOR WITHDRAWALS:

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____

Attach additional pages if needed.

Please send the completed form to the Louisiana Baptist Foundation:

Fax: (318) 445 - 8575
Email: contact@LBFinfo.org
Mail: Louisiana Baptist Foundation, P.O. Box 311, Alexandria, LA 71309