

GEORGIA BAPTIST FOUNDATION, INC.

Trust Account Information Form

Trust Name/s: _____
Trust Number/s: _____

SECTION I

Mailing address for statements and other correspondence: Change of Address

Statement Recipient name: _____

Street address line 1: _____

Street address line 2: _____

City, Zip: _____

Telephone #: _____

Fax #: _____

PAL Statements: (Email address for notification of delivery of electronic statements) _____

SECTION II

Persons authorized to receive written and verbal information about the trust: (PRINT)

Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____

SECTION III

If applicable, list the persons authorized to request the withdrawal of discretionary funds (income and/or principal) and the number of signatures required on each request. Requests are submitted to the Foundation on your church's/agency's stationery via fax, email or mail. (PRINT)

Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____

IMPORTANT - Number of signatures required for withdrawals:
(If above line is not completed, we will need 2 signatures for withdrawals.)

SECTION IV

Form must be signed by two parties representing church/agency:

Signature: _____	Signature: _____
Title: _____	Title: _____
Date: _____	Date: _____

Notify us of any leadership positions changes