■ No



Online Giving Fund Application

Refer to the Online Giving Program Guide for details regarding your fund with the Presbyterian Foundation. The following information will assist in establishing your fund.

1. ORGANIZATION INFORMATION					
Organization Name Federal Tax ID					
Address					
City	State		Zip		
Phone	Fax				
Web Address					
Email					
Our Organization is					
☐ Presbyterian					
☐ Presbyterian-Related Example: Camp or Conference	e Center (Provide comp	pleted Presbyterian	Relatedness Form)		
Organization Mission Statement:					
A voided check must be included for this account to be deposited upon monthly disbursement. Uvoided check included Routing Number Account Number 3. ONLINE GIVING FUND INFORMATION					
Write the fund name and purpose as you wish it to be multiple funds to address various projects. If necessary, for non-charitable payments.	list additional funds or	n another sheet. Ple			
Fund Name(ex. General Fund)					
Restrictions? ☐ Yes ☐ No					
If yes, what restrictions?					
Will contributions to this fund be eligible for a tax deduc	ction?		No		
Fund Name					
Restrictions?					
If yes, what restrictions?					
Will contributions to this fund be eligible for a tax deduc	ction?		No		

Would you like to recieve a complimentary set of pew cards? $\ \square$ Yes

4. FUND ADMINISTRATORS

Assign responsibility to the appropriate individuals for the fund management activities listed below. Include additional administrators on another sheet.

- Access donor and gift information
- · Access fund summary information (including fund balances and withdrawal history)
- · Make withdrawal requests
- · Request administrative changes to funds
- Add/Remove other administrators
- · Note: All fund access is online.

Administrator Name (print) F	Position
Email (required)	Phone
Is this individual an employee of the organization? Yes No	
Administrator Name (print) F	Position
Different Email than above (required)	Phone
Is this individual an employee of the organization? Yes No	
Administrator Name (print)	
Different Email than above (required)	Phone
Is this individual an employee of the organization? \square Yes \square No	
5. AUTHORIZATION	
I certify that each of the people listed above is authorized to access the informal Section checked above. I further certify that we have read and agree to the Onliset forth in the Online Giving Program Guide.	
Authorized Signer Name (print)	Position
Email (required)	Phone
Are you an employee of the organization? ☐Yes ☐No	
Grant the authorizer fund access?	□No
Authorized Signature	Date
Please submit: ☐ your completed application, ☐ a voided check, ☐ and if applicable documentation are quickest set up, fill this out electronically and email: onlineservices@presbyteriar	•

Note: Fund Administrators and Authorized Signer will receive a welcome email with information regarding fund administration upon the establishment of your funds.



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