



*The following information will assist in establishing your account with the Presbyterian Foundation. We will send the organization an agreement that will explain the terms of the account.*

## 1. ORGANIZATION INFORMATION

Organization Name \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Web Address \_\_\_\_\_ Email \_\_\_\_\_

(For general organizational correspondence,  
including quarterly account statements)

### Our Organization is:

- ☐ Presbyterian
- ☐ Presbyterian-related (Please provide documentation)

## 2. BANK INFORMATION

*For account to which income distributions will be deposited. Please include a voided check for account verification.*

- ☐ Voided check included

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

## 3. ACCOUNT CONTACT

Please assign responsibility to the appropriate individuals for the account management activities listed below.

- Access Account information
- Make withdrawal requests
- Request administrative changes to funds
- Will receive quarterly statements (online)

Contact Name (please print) \_\_\_\_\_ Position \_\_\_\_\_

Email (required) \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name (please print) \_\_\_\_\_ Position \_\_\_\_\_

Email (required) \_\_\_\_\_ Phone \_\_\_\_\_

#### 4. AUTHORIZATION

*I certify that each of the people listed above is authorized to access the account.*

Authorized Signer Name (please print) \_\_\_\_\_ Position \_\_\_\_\_

Email (required) \_\_\_\_\_ Phone \_\_\_\_\_

Grant the authorized signer access to the account? ☐ Yes ☐ No

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit your completed application, a voided check, and documentation of Presbyterian relatedness to the Presbyterian Foundation.

**Note:** Account Contact(s) and Authorized signer will receive an email with information regarding online account access upon the establishment of your account.



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