

Organization Information Form

To Update Information on Record

Questions or Need Assistance?

Call (909) 738-4000 or email info@bfcalf.org

Deliver Form to: Email: info@bfcalf.org (preferred)

Mail: The Baptist Foundation of California, 3210 E. Guasti Road, Ste 640, Ontario, CA 91761



THE BAPTIST
Foundation
OF CALIFORNIA™

1. Organization Information

Name of Organization

Address

City, State, Zip

Organization Phone Number

Organization Email Address

Organization EIN

Statement Frequency:

Monthly

Quarterly

(only available with
paperless statements)

Additional Statement Recipient:

Name of Recipient

Email Address

2. Primary Contact/Authorized Signer Information

Organization certifies that all signers listed below are authorized to sign on behalf of church/ministry.

Please attach a copy of your organization's Corporate Resolution.

Please attach a copy of each signer's Driver License with this form

Number of Signatures Required to Make Changes or Request Distributions: _____

Primary Contact Information

Name of Primary Contact/Authorized Signer

Title of Primary Contact/Authorized Signer

Phone Number

Date of Birth

Email Address

Address

City/Street/Zip

Signature of Primary Contact

Date

Organization Information Form

Continued



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3. Additional Authorized Signer Information

Name of Authorized Signer 2

Title of Authorized Signer 2

Phone Number

Date of Birth

Email Address

Address

City/Street/Zip

Signature of Authorized Signer 2

Date

Name of Authorized Signer 3

Title of Authorized Signer 3

Phone Number

Date of Birth

Email Address

Address

City/Street/Zip

Signature of Authorized Signer 3

Date

Name of Authorized Signer 4

Title of Authorized Signer 4

Phone Number

Date of Birth

Email Address

Address

City/Street/Zip

Signature of Authorized Signer 4

Date