


 SOUTHERN BAPTISTS OF TEXAS
FOUNDATION
Account Information Form

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

Mailing address for Church/Agency:	<input type="checkbox"/> Change of Address
Church/agency name:	_____
Street address line 1:	_____
Street address line 2:	_____
City, Zip:	_____
Telephone #:	_____
Fax#:	_____

*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: _____

*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 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.)

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

 Signature:

 Title:

 Date:

 Signature:

 Title:

 Date:
