

Organization Information Form

To Update Information on Record

Questions or Need Assistance?

Call (877) 322-1001 or email info@bfcac.org



THE BAPTIST
Foundation
OF CALIFORNIA™

Please include copies of documentation showing that each signer is authorized to sign on behalf of your organization.
Examples of these documents include Minutes from Church Meetings, Corporate Resolutions and Bylaws.

1. Organization Information

Name of Organization

Address

City, State, Zip

Organization Phone Number

Organization Email Address

Statement Frequency: Monthly Quarterly Semi-Annually Annually
(only available with
paperless statements)

Additional Statement Recipient:

Name of Recipient

Email Address

2. Primary Contact/Authorized Signer Information

Please attach a copy of the Primary Contact'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

Phone Number

Date of Birth

Alternate Phone Number

Email Address

Address

City/Street/Zip

Signature of Primary Contact

Date

Organization Information Form

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3. Additional Authorized Signer Information

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

Name of Authorized Signer

Phone Number

Date of Birth

Alternate Phone Number

Email Address

Address

City/Street/Zip

Signature of Authorized Signer

Date

Additional Signer Information

Name of Authorized Signer

Phone Number

Date of Birth

Alternate Phone Number

Email Address

Address

City/Street/Zip

Signature of Authorized Signer

Date

Deliver Form to:

Email: info@bcal.org (preferred)

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

For Foundation Use Only

Related Account(s):

Account Owner

Beneficiary

Vendor

Other: _____