

1. ORGANIZATION INFORMATION

## Online Giving Fund Application

Please 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.

Organization Name	Federal Tax ID				
Address					
Phone	_ Fax				
Web Address	Email				
	(For general organizational correspondence)				
Our Organization is					
☐ Presbyterian					
☐ Presbyterian-Related (Please provide documentation.)					
Organization Mission Statement:					
<b>2. BANK INFORMATION</b> For account to which funds will be deposited upon without verification.	drawal. Please include a voided check for this account for				
□ Voided check included					
Routing Number					
Account Number					
3. ONLINE GIVING FUND INFORMATION					
The fund name is unique to your ministry. <b>Please write the name and purpose as you wish it to be displayed online.</b> You may establish multiple funds to address various projects. Please include additional funds on another sheet.					
Fund Name					
Fund Purpose					
Fund Name					
Fund Durnoso					

## 4. FUND ADMINISTRATORS

Please assign responsibility to the appropriate individuals for the fund management activities listed below. Please include additional administrators on another sheet. Please note: All fund access is online.

- · Access donor and gift information
- · Access fund summary information (including fund balances and withdrawal history)
- Make withdrawal requests

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Administrator Name (please print)	Position
Email (required)	Phone
Is this individual an employee of the organization? ☐Yes ☐No	
Administrator Name (please print)	Position
Email (required)	Phone
Is this individual an employee of the organization? $\square$ Yes $\square$ No	
Who will be responsible for promoting this program within the church?	
Email (required)	Phone
5. AUTHORIZATION	
I certify that each of the people listed above is authorized to access the ir Section checked above. I further certify that we have read and agree to the Conditions, as set forth in the Guidebook.	
Authorized Signer Name (please print)	Position
Email (required)	Phone
Are you an employee of the organization? ☐Yes ☐No	
Grant the authorizer fund access? ☐Yes ☐No	
Authorized Signature	Date

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

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



200 E 12th Street, Jeffersonville, IN 47130 800-858-6127 Fax: 502-805-0466 presbyterianfoundation.org For quickest set up, email: onlineservices@presbyterianfoundation.org

presbyterianfoundation.org FDN 08.11.18.01