



8337 Jefferson Hwy  
Baton Rouge, Louisiana 70809  
225.387.8362 or 800.256.9317  
Fax 225.343.0756

### NEW ACCOUNT Information Sheet

_____	_____
CHURCH NAME	CONTACT NAME
_____	_____
ADDRESS	
_____	_____
CITY, ZIP	PHONE

Name of New Account: \_\_\_\_\_

Opening Deposit Amount: \$ \_\_\_\_\_

What is the primary purpose of the account? (choose one)

- Savings/Reserves
- Long Term/Income

List names of those authorized to withdrawal funds (2 required)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

SPECIAL INSTRUCTIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit this page to **Violet Frost** at the Foundation office at the address above, with your deposit, in the form of a check, attached.