Contribution Request

Letter of Authorization **Questions or Need Assistance?**Call (909) 738-4000 or email info@bfcal.org



1. Accou	nt Inform	ation					
		_				_	
Account num	Account number Name of Account				Contact Number		
2. Contri	bution In	formation					
Amount of	Contributi	on:					
				Contribution Type: ACH from Bank Account on Record (preferred) Transfer from BFC Account:			
3. Alloca	tion of C	ontribution					
Select One:		isting Allocation on Acc	count				
Plea	ase Alloca	te Contribution as Follo	ws:				
	Mid Te	erm Income Fund	\$	or	%		
	Long 7	Term Income Fund	\$	or	%		
	Globa	Equities Fund	\$	or	%		
	Prima	ry Alternatives Fund	\$	or	%		
	Total	(must equal amount of contribution or 100%	\$	or	100%		
4. Disclo	sure & Si	gnature					
Verification	is require	d prior to processing.					
I hereby authorize the Baptist Foundation of California (Foundation), through its depository bank, to electronically draft via the Automated Clearing House (ACH) system the amounts indicated above from the account identified above. The authorization is to remain in full force and effect until the custodian has received written notification from me of its termination in such time and in such manner as to afford the Foundation a reasonable opportunity to act on it. I hereby certify that the Foundation is duly authorized to execute this form on my behalf. I acknowledge that I will be subject to a rejection fee, if items are returned for insufficient funds.							
By signing belomovement of fu		acknowledge that they are the le	egally authorized signers	for this account and that	they have authorization to initiate a		
I/we certify	that all of	the above information is	s correct:				
Signature			Sig	gnature			
Name (please print)			Na	Name (please print)			
Date				ate			
5 Delive	ry Inctru	otions					

Send Letter of Authorization to:

Email: info@bfcal.org (preferred)

Mail: The Baptist Foundation of California

3210 E. Guasti Road, Ste 640, Ontario, CA 91761