

Letter of Authorization (LOA)

For Movement of Funds

Questions or Need Assistance?

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



THE BAPTIST
Foundation
OF CALIFORNIA™

1. Account Information

_____ (____) _____ - _____
Account number Contact Number Name of Account

2. Frequency One Time or Recurring Authorization

Select One:

One Time Authorization

Cash Amount \$ _____
All Assets Please close this account

Distribution Type:

ACH to Bank Account on Record (*preferred*)
Check
Wire to Bank Account on Record (\$12 wire fee will be added to distribution amount)

Recurring Transfer Authorization

Cash Amount: \$ _____
Distribution Type:
ACH to Bank Account on Record (*preferred*)
Check
Wire to Bank Account on Record (\$12 wire fee will be added to distribution amount)

Select only one of the following options:

Monthly Beginning: _____
Quarterly Beginning: _____
Semi-Annually Beginning: _____
Annually Beginning: _____
Other, please describe:

3. Third Party Check Disbursement

Verification is required prior to processing.

Cash Amount \$ _____ Made Payable to: _____
(Make sure to print name exactly as it should appear on check)

Mailing Address: _____
Address

City, State, Zip Code

Other Instructions (if applicable):

4. Disclosure & Signature

By signing below, signer(s) acknowledge that they are the legally authorized signers for this account and that they have authorization to initiate a movement of funds.

I/we certify that all of the above information is correct:

Signature

Signature

Name (please print)

Name (please print)

Date

Date