## Online Giving Fund Application

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.

| 1. O        | RGANIZ   | ATION INFO                               | RMATION          |                |                 |                        |   |        |
|-------------|--|--|------------------|----------------|-----------------|------------------------|---|--------|
| Orga        | nization Na  | ıme                                      |                  |                |                 | . Federal Tax ID       |   |        |
| Addre       | ess  |  |                  |                |                 |                        |   |        |
| Phon        | e  |  |                  |                | Fax             |                        |   |        |
| Web         | Address  |  |                  |                |                 |                        |   |        |
|             |  | anizational corresp                      |                  |                |                 |                        |   |        |
| Our C       | Organizatio  | n is                                     |                  |                |                 |                        |   |        |
|             | Presbyteriar   | n  |                  |                |                 |                        |   |        |
|             | Presbyterian-Related (Provide completed Presbyterian Relatedness Form) |  |                  |                |                 |                        |   |        |
| Orga        | nization <b>M</b> is   | ssion Statement:                         |                  |                |                 |                        |   |        |
|             |  | FORMATION                                |                  |                |                 |                        |   |        |
|             |  | must be included fo<br>monthly disbursem |                  | o be verified. | The account for | which a check is provi | ded will be where the fur                               | ıds ar |
|             | oided ched   | _  |                  |                |                 |                        |   |        |
| Doug        | in a Ni wala   | er                                       |                  |                |                 |                        |   |        |
| Rout        | ing Numbe  | er                                       |                  |                |                 |                        |   |        |
| Acco        | ount Numb  | er                                       |                  |                |                 |                        |   |        |
| <b>3.</b> O | NLINE (  | GIVING FUNI                              | ) INFORMA        | ATION          |                 |                        |   |        |
| multi       | ple funds to   |  |                  |                |                 |                        | ministry. You may establi<br>note if you wish to establ |        |
|             | Name<br>Seneral Fun  | nd)                                      |                  |                |                 |                        |   | —      |
| Restr       | ictions?   | ☐ Yes                                    |                  | No             |                 |                        |   |        |
| If yes      | s, what restr  | rictions?                                |                  |                |                 |                        |   | _      |
| Fund        | Name   |  |                  |                |                 |                        |   |        |
| Restr       | ictions?   | ☐ Yes                                    |                  | No             |                 |                        |   |        |
| If yes      | s, what restr  | rictions?                                |                  |                |                 |                        |   | _      |
| Woul        | d you like t   | o recieve a complir                      | nentary set of p | ew cards? 🛚    | Yes             | □ No                   |   |        |

## 4. FUND ADMINISTRATORS

Assign responsibility to the appropriate individuals for the fund management activities listed below. Include additional administrators on another sheet. Note: All fund access is online.

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

establishment of your funds.

- · Request administrative changes to funds
- Add/Remove other administrators

| Administrator Name (print)  | Position                         |
|---|----------------------------------|
| Email (required)  | Phone                            |
| Is this individual an employee of the organization?    See Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.  |                                  |
| Administrator Name (print)  | Position                         |
| Different Email than above (required)   | Phone                            |
| Is this individual an employee of the organization?    See Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.  |                                  |
| Promoter Name (print)   |                                  |
| Promoter Email (required)   | Phone                            |
| Grant Administrator Access? ☐ Yes ☐ No  |                                  |
| 5. AUTHORIZATION  |                                  |
| I certify that each of the people listed above is authorized to access the in Section checked above. I further certify that we have read and agree to the set forth in the Guidebook. |                                  |
| Authorized Signer Name (print) Po   | osition                          |
| Email (required)  | Phone                            |
| Are you an employee of the organization? ☐Yes ☐No   |                                  |
| Grant the authorizer fund access?   | istrator □No                     |
| Authorized Signature  | Date                             |
| Please submit: □ your completed application, □ a voided check, □ and documentation  | ion of Presbyterian relatedness. |
| For quickest set up, fill this out electronically and email: onlineservices   |                                  |



Note: Fund Administrators and Authorized signer will receive a welcome email with information regarding fund administration upon the

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