



NEW ACCOUNT APPLICATION

Church Information

Church Name: _____

Contact Person: (Title/First/Last Name) _____

Church Address: _____

Phone: _____ Email Address: _____

Account Information

New Account Name: _____ Opening Deposit Amount: \$ _____

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

- Savings/Reserves
- Long Term/Income

Authorized Individuals to Withdraw Funds (At least 2 required)

1. _____
2. _____
3. _____
4. _____

Special Instructions:

Please submit this application with your deposit, in the form of a check, to United Methodist Foundation of Louisiana, 8337 Jefferson Hwy., Baton Rouge, LA 70809

United Methodist Foundation of Louisiana

Fax: (225) 343 – 0756

Email: information@umf.org ● Website: <https://umf.org/>