

FBOG Program Supporter Account Form

In order for your account to be eligible for the Charitable Checking Program, you must establish a "Charitable Checking" account with FBOG.

Accountholder(s) Name: _____

Address: _____

Recipient Organization Name: _____ FBOGP #: _____

Charitable Checking Account numbers to be included in FBOG Program to benefit above named organization¹:

Authorized Signer: _____ Date: _____

Employee Name: _____ Date: _____

¹Account holder is not required to sign the Member Termination Form when the recipient organization above no longer participates in the FBOG Program.