



UNITED METHODIST FOUNDATION AND MICHIGAN AREA LOAN FUND  
SIGNATURE AUTHORIZATION FORM.

Church Name: \_\_\_\_\_

**The following individual has the right and authorization to withdraw and deposit monies from the below named accounts:**

**Name (please print)**

**Street Address**

**City, State and Zip**

**E-Mail:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Online Access: Yes or NO**  
**(Email required)**

**ADDITIONAL SIGNATURE CERTIFICATION**

**The following individual has the right and authorization to withdraw and deposit monies from the below named accounts:**

**Name (please print)**

**Street Address**

**City, State and Zip**

**E-Mail:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Online Access: Yes or NO**  
**(Email required)**

This form authorizes the above individual(s) to deposit and withdraw funds on behalf of the  
**(insert name of Church)** \_\_\_\_\_ for the following funds  
**(insert name of accounts)** \_\_\_\_\_.

**I certify as the board of directors or trustee chair of this organization/church that the organization/church has adopted a resolution in accordance with its bylaws authorizing the above. Third Party Signature required – not one of the above-mentioned persons.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**\*Unless otherwise noted, this form will replace any previously filed signature forms**

Statements for the accounts named on page 1 of this form, should be mailed to the following persons (there is a maximum of two statements per account):

**Please Print**

Name of Accounts:

1st Statement:
Name
Street Address
City,
State & Zip Code

2nd Statement:
Name
Street Address
City,
State & Zip Code

Copy as need for additional accounts.

If all accounts have the same persons named to receive the statements, you need only complete one form. **You should notify us immediately in writing, if this information changes.**