



3347 Eagle Run Drive NE Suite B • Grand Rapids, Michigan • 49525
Phone 1-888-451-1929 • Fax 1-616-825-6178 • Email: info@umfmichigan.org
WWW.UMFMichigan.org

**COLLECTIVE INVESTMENTS OF MICHIGAN, LLC, 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 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 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: _____ Print Name: _____
Position: _____ Date: _____

***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/Number 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.**