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ACCOUNT CHANGE/UPDATE FORM

CURRENT ACCOUNT INFORMATION:

Account Number _____ Name of Account _____
Current Church Name _____
Current Mailing Address _____
City _____ State _____ Zip _____
EIN Number _____ Email Address _____
Business Phone _____ Fax _____

CHANGES TO BE MADE – PLEASE FILL OUT BELOW:

Change Name of Account to: _____
Change Church Name to _____
New Mailing Address _____
City _____ State _____ Zip _____
EIN Number _____ Email Address _____
Business Phone _____ Fax _____

I certify that the organization/church has adopted a resolution in accordance with its bylaws authorizing the above changes.

Signature _____ Title _____

Print Name _____ Email Address _____

Signature _____ Title _____

Print Name _____ Email Address _____

Date _____

Please return to: Info@umfmichigan.org or
United Methodist Foundation of Michigan
3347 Eagle Run Dr. NE STE B
Grand Rapids MI 49525