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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 (Must have email if Yes)

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 (Must have email If Yes)

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. This form will replace any previous versions.

Signed: _____ Print Name: _____

Position: _____ Date: _____

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

Please Print

Name/Account Number: _____

1st Statement:

Name

Street Address

City

State & Zip Code

2nd Statement:

Name

Street Address

City

State & Zip Code

Online Statement Access for the accounts named above on this page – other than those persons listed on page 1, should allowed to the following persons:

Name:

Email Address:

Name:

Email Address:

Signed: _____ **Print Name:** _____

Position: _____ **Date:** _____

Copy as needed 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.