



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](mailto:info@umfmichigan.org) [WWW.UMFMichigan.org](http://WWW.UMFMichigan.org)

## ACCOUNT CHANGE 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:

---

Account Number \_\_\_\_\_ Change Name of Account \_\_\_\_\_

Change Church Name to \_\_\_\_\_

Change Mailing Address to \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Email Address