United Methodist Foundation of Michigan

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

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 number/name of account/s) _____

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.

Revised June 10, 2025