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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