



**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:**

**On Line Access: Yes or NO  
(Email required)**

**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:**

**On Line Access: Yes or NO  
(Email required)**

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  
that the board of directors or trustees of this organization/church has adopted a resolution in  
accordance with its bylaws authorizing the above.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**\*Unless otherwise noted, this form will replace any previously filed signature forms**

Statements for the accounts named on page 1 of this form, should be mailed to the following persons (there is a maximum of two statements per account):

**Please Print**

Name of Accounts:

1st Statement:
Name
Street Address
City, State & Zip Code

2nd Statement:
Name
Street Address
City, State & Zip Code

Copy as need 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.**

Send completed form to: Michigan Area Loan Fund  
3347 Eagle Run Dr NE Suite B  
Grand Rapids MI 49525

or by email to : ann@umfmichigan.org