



Authorized Signature Card – this card replaces all previous signature cards

Effective Date: _____

Account Number(s): _____

Please complete one form per account if Authorized Signers differ.

Church/Account Holder Name _____

Address _____

Phone _____ Fax _____ Email _____ Web address (if applicable) _____

Primary contact name _____ Phone _____ Email _____
(Requested for confirmation and correspondence)

Number of signatures required for withdrawals & transfers _____ (at least two required)

Printed name _____

Signature _____

Position _____

Phone/email _____

Printed name _____

Signature _____

Position _____

Phone/email _____

Printed name _____

Signature _____

Position _____

Phone/email _____

Printed name _____

Signature _____

Position _____

Phone/email _____

Printed name _____

Signature _____

Position _____

Phone/email _____

Printed name _____

Signature _____

Position _____

Phone/email _____

Changes approved by _____

*Changes can only be approved by a current **Authorized Signer**.*

All fields must be completed or the form may be returned to the church.

Questions may be directed to the Foundation at info@rmumf.org or 303.778.6370

For Internal
Use Only

SF _____

Scan _____