The Mississippi United Methodist Foundation, Inc. PO Box 2415

Ridgeland, MS 39158-2415

Phone: 601-948-8845 Fax: 601-360-0843 Email: billie@ms-umf.org

Signature Change Form

(Please Type or Print)

Investor Name:					
New Address:					
Account Name:					
Account Number:					
1. Name, signature and position of person or persons authorized to withdraw funds from the account named above. (Please list all persons authorized to withdraw funds.)					
Signature		Type or Print Name	Т	ype or Print Position	
Signature		Type or Print Name		Type or Print Position	
Signature		Type or Print Name		Type or Print Position	
Signature		Type or Print Name		Type or Print Position	
2. The number of signatures required to withdraw funds from the account named above is					
3. Certification I hereby certify that the person or persons listed above are authorized by the Administrative Council/Board, Trustees or Board of Directors to withdraw funds from the account named above.					
Signature of Agency Secretary Type or Print Name Date					
FOR OFFICE USE ONLY					
Date Received		Date Updated		Updated By	