



The Mississippi United Methodist Foundation

P.O. Box 2415 Ridgeland, MS 39158-2415

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

Signature Change Form

(Please, Type or Print)

Date: _____

Contact Name: _____

New Address: Yes _____ No _____

Address: _____

Contact Phone #: _____

Account Name: _____

Account #: _____

1. *The number of signature(s) required to withdraw funds from the account named above:* _____

2. Certification: (Certifier may not be an authorized signer)

I hereby certify that the person or persons listed below are authorized by the Administrative Council/Board, Trustees or Board of Directors to withdraw funds from the account named above.

| Signature | Type or Print Name | Date |
|-----------|--------------------|------|
|-----------|--------------------|------|

Authorized Signatures:

| Signature | Type or Print Name | Type or Print Position |
|-----------|--------------------|------------------------|
|-----------|--------------------|------------------------|

| Signature | Type or Print Name | Type or Print Position |
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| Signature | Type or Print Name | Type or Print Position |
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| Signature | Type or Print Name | Type or Print Position |
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For Office Use Only

| | | | | | |
|---------------|--|--------------|--|------------|--|
| Date Received | | Date Updated | | Updated By | |
|---------------|--|--------------|--|------------|--|