



Signature Certification Form

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:

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

2 nd 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.**