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### Signature Certification Form

**Church Name:**

The following individual has the right and authorization to direct investment money movements 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 direct investment money movements 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)

*I authorize the above individual(s) to deposit and withdraw funds and make allocation changes on behalf of the above named church for the following account funds (**insert Account Numbers**)*

*I certify that the board of directors or trustees of this organization/church has adopted a resolution authorizing the above.*

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

**\*Unless otherwise noted, this form will replace all 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 <sup>st</sup> Statement:
Name
Street Address
City, State & Zip Code

2 <sup>nd</sup> 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.**