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Authorized Signers Update Form

(Legal Representatives of Church/Organization: initial all filled-out numbered items & sign page 2)

Account Information

Church/Organization Name: _____

City, State Zip Code: _____

Number of signatures required for redemption/transfer instructions: _____ Effective Date: _____

(Minimum of 2 signatures recommended)

INDICATE # REQUIRED

Account Name(s) or #(s): _____

(Authorizing signers for more than one account? Write "ALL" or shorthand fund names or account #'s.)

For each name, checkmark "ADD NEW" or "REMOVE." Enter all printed information and signatures requested below to "ADD NEW" or "REMOVE" current signatures to the accounts named above. ***If you are removing signatures, you only need to print their name.***

1. _____
 NAME (Please Print) SIGNATURE

 TITLE DAYTIME PHONE NUMBER

 EMAIL ADDRESS ADD NEW? _____ or REMOVE? _____ INITIALS _____

2. _____
 NAME (Please Print) SIGNATURE

 TITLE DAYTIME PHONE NUMBER

 EMAIL ADDRESS ADD NEW? _____ or REMOVE? _____ INITIALS _____

3. _____
 NAME (Please Print) SIGNATURE

 TITLE DAYTIME PHONE NUMBER

 EMAIL ADDRESS ADD NEW? _____ or REMOVE? _____ INITIALS _____

4. _____
 NAME (Please Print) SIGNATURE _____

_____ TITLE DAYTIME PHONE NUMBER _____

_____ EMAIL ADDRESS ADD NEW? _____ or REMOVE? _____ INITIALS _____

5. _____
 NAME (Please Print) SIGNATURE _____

_____ TITLE DAYTIME PHONE NUMBER _____

_____ EMAIL ADDRESS ADD NEW? _____ or REMOVE? _____ INITIALS _____

6. _____
 NAME (Please Print) SIGNATURE _____

_____ TITLE DAYTIME PHONE NUMBER _____

_____ EMAIL ADDRESS ADD NEW? _____ or REMOVE? _____ INITIALS _____

Instructions to the Legal Representatives of the Church/Organization named on Page 1: INITIAL each filled-out numbered item on this two-page form and sign below. The two individuals identified below warrant and represent that they have the full authority, and have obtained all necessary approvals, to appoint authorized signers on behalf of the church/organization for the account(s) identified on Page 1. Examples of legal representatives are: various chairs of Trustees, Administrative Council, Endowment Committee, Secretaries of Boards, and various executives, Senior Pastor, Executive Director, CEO, etc.

_____ NAME (Please Print) SIGNATURE _____

_____ TITLE DAYTIME PHONE NUMBER _____

_____ EMAIL ADDRESS _____

_____ NAME (Please Print) SIGNATURE _____

_____ TITLE DAYTIME PHONE NUMBER _____

_____ EMAIL ADDRESS _____