



admin@umf.org  
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8337 Jefferson Hwy.  
Baton Rouge, LA 70809

## ACCOUNT AUTHORIZATION FORM

**Pastors/CEOs/Directors:** Please complete this form to provide the name of those persons who are authorized to view information and/or approve transactions on each account that you hold at the Foundation. To make withdrawals, we require the approval of at least two authorized users with full access. This form will supersede any previous signature cards on file at the Foundation. Previous signers will no longer have access, unless their names appear on this form. If you have any questions, please contact us.

When this form is received, electronic access log in credentials will be emailed to the appropriate users. The log in will require an email address and a cell phone, and will offer two-factor authorization. Please print legibly and include ALL requested information, as well as your signature on the reverse side.

### CHURCH OR ORGANIZATION INFORMATION

Account Number(s) \_\_\_\_\_  
Church or Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

### AUTHORIZED USER INFORMATION

#### AUTHORIZED USER 1 (required)

Title (Rev./Mr./Mrs. etc.) \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

- View only (**NOT AUTHORIZED** to approve transactions)
- Full Access (**AUTHORIZED** to view **AND** approve transactions)

#### AUTHORIZED USER 2 (required)

Title (Rev./Mr./Mrs. etc.) \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

- View only (**NOT AUTHORIZED** to approve transactions)
- Full Access (**AUTHORIZED** to view **AND** approve transactions)

## ADDITIONAL AUTHORIZED USER INFORMATION

### AUTHORIZED USER 3 (not required)

Title (Rev./Mr./Mrs. etc.) \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

View only (**NOT AUTHORIZED** to approve transactions)

Full Access (**AUTHORIZED** to view **AND** approve transactions)

### AUTHORIZED USER 4 (not required)

Title (Rev./Mr./Mrs. etc.) \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

View only (**NOT AUTHORIZED** to approve transactions)

Full Access (**AUTHORIZED** to view **AND** approve transactions)

## PASTOR / CEO / DIRECTOR AUTHORIZATION OF SIGNATURES

As Pastor/CEO/Director of \_\_\_\_\_, I approve the  
signatures on this form. (name of church or organization)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



Please return this form to the United Methodist Foundation of Louisiana.

**Email:** [admin@umf.org](mailto:admin@umf.org)

**Address:** 8337 Jefferson Hwy., Baton Rouge, LA 70809