



## AUTHORIZED SIGNATURES FORM

### Establish, Change or Update Authorized Contact Persons Information

This certifies that at a duly called meeting of the \_\_\_\_\_ **United Methodist Church**, \_\_\_\_\_, CA \_\_\_\_\_ on \_\_\_\_\_ the \_\_\_\_\_ elected those persons whose signatures and names appear below as the persons authorized to conduct business with the California Nevada United Methodist Foundation.

The account(s) number(s) is (are) \_\_\_\_\_. Additionally, all withdrawals or redemption of units shall require the signatures of any 2 3 of the persons authorized by the church or agency. The church or agency understands that all reports, statements and checks will be mailed to the office of the church or agency in care of the person first named below, who shall be the Primary Contact Person. The closing of accounts will require a copy of the action of the governing body of the church or agency authorizing such closing and the signatures of all persons authorized by this action. All checks issued by the Foundation will be made payable to the church or agency. This Authorization will remain in force until a new Authorization is received by the Foundation. The church or agency should name actual people to this Authorization and not the names of officers, such as "treasurer" or "endowment fund chair."

#### Primary Contact

Person: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Print Name) (Daytime)

Signature: \_\_\_\_\_

#### Second Contact

Person: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Print Name) (Daytime)

Signature: \_\_\_\_\_

#### Certification

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(By a third person on the Committee named above)

#### Please send quarterly statements to:

Church Email Address: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_

#### Primary Contact Person Job Description

**Church Liaison:** Reports, checks, etc., are sent only to the church or agency in care of the Primary Contact Person, who needs to share the information with all other interested parties in the church - chairs of trustees and administrative board, pastor.

**Foundation Liaison:** Communicates to the Foundation the wishes of the church regarding redemptions, purchases, changes in investments, and the like. Requests for redemption or purchase of units in investment accounts need to be received by the Foundation by the 25<sup>th</sup> of the month for month-end processing. Deposits to and withdrawals from cash accounts may be made at any time.

**Two-way Interpretation:** If the church needs more information than what is contained in the regular statements and reports, the Primary Contact Person may call or write the Foundation. The interests of the church are best served when one individual carries out this function. The Foundation contact information: (888) 789-7374; 1350 Halyard Dr., West Sacramento, CA 95691

#### Second Authorized Contact Person Job Description

Reviews requests for the closing of accounts, withdrawals, and/or redemptions of units and is an additional signature required by this Authorization.