



The California-Pacific United Methodist Foundation

P.O. Box 6006 Pasadena, CA 91102-6006

Phone: 626-568-7347 Fax: 626-405-9208 Email: NBailey@cpumf.org

Signature Change Form

(Please type or Print)

Date: _____ Contact Name: _____

Contact Phone Number: _____ Contact Email: _____

Church/Agency Name: _____

Mailing Address: _____

Account Name: _____ Account Number: _____

The California-Pacific United Methodist Foundation requires two signatures, acting in concert on the same document, to authorize expenditures from your fund. Please be advised that our policy prohibits the Reverend or Pastor from being an authorized signer on the account.

Certification: (Certifier may not be an authorized signer)

I hereby certify that the person or persons listed below are authorized by the Administrative Council/Board, Trustees or Board of Directors to withdraw funds from the account named above.

_____	_____	_____
Name	Position/Title or Board	Signature

Authorized Signatures:

_____	_____	_____
Name	Position/Title or Board	Signature

_____	_____	_____
Name	Position/Title or Board	Signature

_____	_____	_____
Name	Position/Title or Board	Signature

_____	_____	_____
Name	Position/Title or Board	Signature