



East Ohio United Methodist

FOUNDATION

Date: _____

SIGNATURE CARD UPDATE

Church Name: _____

Account Number: _____

An authorized signer may approve the disbursement of funds, change investment allocations, and inquire about account balances. All authorized signatories must sign below and at least two authorized signatories are required. The following individuals have authority to sign on this fund:

Name	Title	Daytime Phone	E-mail	Signature

Signatures authorized by current pastor or prior authorized signatory: _____

****Please note this Signature Card Update supersedes any existing signature card on file. Please complete a separate form for each fund you are making changes to. Old signature cards will be removed from the file.****