



# Signature Change Form

(Please, Type or Print)

**Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**New Address: Yes**                      **No**

**Address:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

Foundation Account Name: \_\_\_\_\_

Foundation Account #: \_\_\_\_\_

**1. The number of signature(s) required to withdraw funds from the account named**

*above:*            One            Two            Three            Other

**2. 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.*

Signature	Type or Print Name	Date
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**Authorized Signatures:**

Signature	Type or Print Name	Type or Print Position
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Signature	Type or Print Name	Type or Print Position
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Signature	Type or Print Name	Type or Print Position
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Signature	Type or Print Name	Type or Print Position
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For Office Use Only					
Date Received		Date Updated		Updated By	