



METHODIST FOUNDATION
OF MISSISSIPPI

Online Account Access Form

(Please Type, or Print)

Date: _____

*Organization/Individual/Account Name: _____

*Foundation Account #: _____

**A separate Online Account Access Form is required for every account.

*Primary Contact Name: _____ *Title: _____

Phone: _____ *Email: _____

(Primary Contact will have online access to all account information.)

Contacts for Online Access:

*Name: _____ *Title: _____

*Phone: _____ *Email: _____

*Account Access: ☐ Authorized Signer on file ☐ Statement Only

☐ Withdrawal Request ☐ Deposit Request

*Name: _____ *Title: _____

*Phone: _____ *Email: _____

*Account Access: ☐ Authorized Signer on file ☐ Statement Only

☐ Withdrawal Request ☐ Deposit Request

*Name: _____ *Title: _____

*Phone: _____ *Email: _____

*Account Access: ☐ Authorized Signer on file ☐ Statement Only

☐ Withdrawal Request ☐ Deposit Request

***Certification:** I hereby certify that the listed individuals have been approved for online access by the Administrative Council/Board, Trustees or Board of Directors for the account listed above. (Certifiers may not be an authorized signer)

Signature

Type or Print Name

Type or Print Position

Signature

Type or Print Name

Type or Print Position

*Required

For new Authorized Signers, please complete Authorized Signature Change Form. Please use a Supplemental Contact form to add additional accesses.

P.O. Box 2415 Ridgeland, MS 39158-2415 Phone: 601-948-8845 Fax: 601-360-0843 Email: accounting@ms-umf.org



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SUPPLEMENTAL CONTACT

Online Account Access Form

(Please Type, or Print)

THIS PAGE IS FOR SUPPLEMENTAL PURPOSES ONLY. IT WILL NOT BE ACCEPTED IN ANY OTHER CAPACITY.

***Organization/Individual/Account Name:** _____

***Foundation Account #:** _____

Additional Contacts for Online Access:

***Name:** _____ ***Title:** _____

***Phone:** _____ ***Email:** _____

***Account Access:** ☐ Authorized Signer on file ☐ Statement Only

☐ Withdrawal Request ☐ Deposit Request

***Name:** _____ ***Title:** _____

***Phone:** _____ ***Email:** _____

***Account Access:** ☐ Authorized Signer on file ☐ Statement Only

☐ Withdrawal Request ☐ Deposit Request

***Name:** _____ ***Title:** _____

***Phone:** _____ ***Email:** _____

***Account Access:** ☐ Authorized Signer on file ☐ Statement Only

☐ Withdrawal Request ☐ Deposit Request

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Signature

Type or Print Name

Type or Print Position

Signature

Type or Print Name

Type or Print Position

***Required**

For new Authorized Signers, please complete Authorized Signature Change Form. Please use a Supplemental Contact form to add additional accesses.

P.O. Box 2415 Ridgeland, MS 39158-2415 Phone: 601-948-8845 Fax: 601-360-0843 Email: accounting@ms-umf.org