



METHODIST FOUNDATION
OF MISSISSIPPI

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	