



Online Account Access Form

METHODIST FOUNDATION
OF MISSISSIPPI

(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(Cell): _____ *Email: _____

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

Contacts for Online Access:

*Name: _____ *Title: _____

*Phone(Cell): _____ *Email: _____

*Account Access: Authorized Signer on file Read Only

*Name: _____ *Title: _____

*Phone(Cell): _____ *Email: _____

*Account Access: Authorized Signer on file Read Only

*Name: _____ *Title: _____

*Phone(Cell): _____ *Email: _____

*Account Access: Authorized Signer on file Read Only

***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.