



## AUTHORIZED SIGNER FORM

### CLIENT INFORMATION

Organization Name :   
Account Title :   
Account Number :  Date :

### AUTHORIZED SIGNERS

**Signer 1** Name :  Birthdate :   
Signature :  Last 4 of SSN :   
E-mail :  Phone :   
**Signer 2** Name :  Birthdate :   
Signature :  Last 4 of SSN :   
E-mail :  Phone :   
**Signer 3** Name :  Birthdate :   
Signature :  Last 4 of SSN :   
E-mail :  Phone :

Check here if more than one signature is required to complete a transaction for this account.

Check here if this applies to all accounts with FM Financial.

### DIRECTOR/PASTOR CONFIRMATION

The above mentioned individuals are authorized signers for the account named above. The instructions given in this form will continue until revoked by further action of the governing body of this organization. The undersigned certify that the attached minutes or resolution are/is accurate and true, and that the signatures appearing on this page are those of the authorized persons. This form will revoke all prior named and authorized signers.

Printed Name :  Date :   
Signature :  Title (if applicable) :

### SIGNED BY BOARD MEMBER (ONLY APPLICABLE IF PASTOR/DIRECTOR IS ALSO AN AUTHORIZED SIGNER.)

Printed Name :  Date :   
Signature :  Title (if applicable) :

**Please provide a copy of the Board Minutes or resolution authorizing the above person(s) to act on this account.**

**For Internal Use:** Admin Informed :  Approved by & Date :

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