



## Authorization for Online Statement Access

Account Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Title (Finance Chairman, Treasurer, etc.) \_\_\_\_\_  
Church Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Authorization Signature \_\_\_\_\_  
*(For security, authorization signature must match signature card on file at United Methodist Foundation of Louisiana)*

### INSTRUCTIONS

*Complete this authorization form and return to Tracie Wharton at  
United Methodist Foundation of Louisiana:*

**Fax:** 225.343.0756

**Email:** [traciew@umf.org](mailto:traciew@umf.org)

**Mail:** 8337 Jefferson Hwy., Baton Rouge, LA 70809

Upon receipt of this authorization form, the United Methodist Foundation of Louisiana will send via email your user ID and password to allow online access to your account statements.