

PO Box 656 Cashmere, WA 98815

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## ACCOUNT ACCESS AUTHORIZATION FORM

This is an addendum to the following Investment Agreement:

Date: \_\_\_\_\_

Church or Agency Name		
Account Name	Account #	

## Levels of Access Defined

Online Account Access: Individual is allowed to view and download account statements. Additional capabilities may be added in the future as updates are made to our system. User name, password and instructions will be emailed directly to the authorized individual. Monthly statements are available online.

Authorized Signer: Individual is eligible to request a withdrawal of funds for the account. The Investment Agreement stipulates the number of signers needed to approve a withdrawal request.

## List Authorized Individuals

First & Last Name	Title	Function	If Online Account Access, Email required	If Authorized Signer, Signature required
	Pastor	Online Account Access		
		Online Account Access		
		Online Account Access		
		Online Account Access		
		Online Account Access		
		Online Account Access		

In the event the Foundation has questions regarding this form, who should be contacted?

Contact Name:\_\_\_\_\_

Title:\_\_\_\_\_

Phone:\_\_\_\_\_ Email:\_\_\_\_\_