



CHURCH OF THE NAZARENE FOUNDATION
 17001 Prairie Star Parkway, Suite 200
 Lenexa, KS 66220

Signature Authorization Form

ORGANIZATION: _____ **ACCOUNT #:** _____

SECTION I: ACCOUNT SIGNATORIES

The signers listed below are authorized to request account withdrawals and instruct the Foundation to make investment changes for the organization.

X _____
 Signature (1) Printed Name (1) Title (1)

X _____
 Signature (2) Printed Name (2) Title (2)

X _____
 Signature (3) Printed Name (3) Title (3)

X _____
 Signature (4) Printed Name (4) Title (4)

If more than one signature is required, please list the names of required signatures:

SECTION II: PORTAL ACCOUNT ACCESS/ ONLINE STATEMENT RECIPIENT(S) *If more lines required, please write on back.*

The people listed below will have online portal access. Please list any signers listed above who require access. If someone is listed for portal access who is not a signer, they will have statement view access only.

Name: _____ Email: _____ Cell #: _____

Name: _____ Email: _____ Cell #: _____

Name: _____ Email: _____ Cell #: _____

SECTION III: AUTHORIZATION

The above authorization is in full force and effect until the Foundation receives an updated signature authorization form from the account owner.

Signature of person authorized to execute the form on behalf of organization Date _____/_____/_____

 Printed Name Title

Please return the completed form to the Foundation offices via mail or email at info@nazarenefoundation.org for it to be in effect upon receipt. The Foundation offices will send portal credentials out to new online portal account holders within 1-3 business days. Please call (913) 577-2983 or email us for assistance.