



MEMO REGARDING
New Investment Account Signature Authorization
Account Name

The following individualized are authorized to make withdrawals on this investment account:

Signature	Printed Name	Date

Signature of an authorized official of the organization

Title

Print Name

Phone

Church/Institution Address: _____

Minnesota Methodist Foundation
122 W Franklin Ave Ste 210, Minneapolis, MN 55404
Mailing Address:
PO Box 26423
Minneapolis, MN 55426
612-230-3337 info@mnumf.org

Please remove the following individuals:
