8765 West Higgins Road Chicago, IL 60631 Fax: 773.380.2752

Toll free: 877.886.3522

Authorized Signatory Form

Name of Congregation or ELCA-Related Ministry			Congregation ID #	
Address				
City Sta	te ZIP			
MIF 2	Account Numbe	ers 		
cards at by the unable internal must sig	nd/or instructions to the Mission Investment F to comply with requestly by your ministry. When a new signatory for	nuthorized to sign on behalf of the above he Mission Investment Fund are hereby und for check writing or written instrats for multiple signature verifications hen adding a new signature to an account. atives are authorized, please provide Signature of Authorized Signer	rescinded. Only of uctions. The Miss . Any such require nt, <u>all</u> of the curren the additional info	ne signature is required ion Investment Fund is ement must be handled nt signers on an account ormation on a separate
Home Ad	dress	City State ZIP	Telephone #	e-Mail address
Date	Name (Printed)	Signature of Authorized Signer	Date of Birth	Social Security #
Home Ad	dress	City State ZIP	Telephone #	e-Mail address
Date	Name (Printed)	Signature of Authorized Signer	Date of Birth	Social Security #
Home Address		City State ZIP	Telephone #	e-Mail address
		pove listed signatories are duly authorized tary for the accounts referenced herein.	o make withdrawals	and to conduct other
	e of Senior Pastor or Exect only if all of the above	ecutive Director of ELCA-related ministry	Date	

Please fax this completed form to the Mission Investment Fund at 773.380.2752. Thank you!