



Dakotas | Minnesota
**METHODIST
FOUNDATIONS**

Signature Authorization Form

Church/Organization Name: _____

Account Number(s): _____

☐ Dakotas Methodist Foundation Account

☐ Minnesota Methodist Foundation Account

The following individualized are authorized to make withdrawals on the account(s) listed above:

Signature	Printed Name	Date

Signature of authorized church/organization official

Title

Print Name

Email

Church/Organization Address: _____

Please remove the following individuals:
