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AUTHORIZED SIGNERS LIST

New Update

Check this box for Foundation

Check this box for DevCo.

Please PRINT and include ALL requested information. A MINIMUM of TWO (2) signers are required for each account. Provide the full first name, middle initial and full last name of each individual listed. If statement options are left blank, statements will not be distributed. If more individuals are desired, attach another copy of this form. For Organizational name please use the following format: Church name (City where the church is located).

Note: At this time, DevCo statements can only be sent by mail to ONE (1) address. Be sure to select the desired individual who should receive the DevCo statement(s).

Organizational Name: _____
 Organizational Email: _____ Organizational Phone: _____

This form will apply to the accounts listed below:

All Foundation Investments:	Specific Foundation Investments:	# _____	# _____	# _____	# _____
All DevCo Investments:	Specific DevCo Investments:	# _____	# _____	# _____	# _____
All DevCo Loans:	Specific DevCo Loans:	# _____	# _____	# _____	# _____

Add	Remove	Name: _____	Position: _____
Authorization:		Address: _____	
Signer	Statement(s) only	City: _____	State: ____ Zip: _____
Foundation	DevCo	Email: _____ Phone: _____	
Receive statements via:		Signature: _____ Date: _____	
Web	Email	Mail	
Foundation	DevCo		

Add	Remove	Name: _____	Position: _____
Authorization:		Address: _____	
Signer	Statement(s) only	City: _____	State: ____ Zip: _____
Foundation	DevCo	Email: _____ Phone: _____	
Receive statements via:		Signature: _____ Date: _____	
Web	Email	Mail	
Foundation	DevCo		

Add	Remove	Name: _____	Position: _____
Authorization:		Address: _____	
Signer	Statement(s) only	City: _____	State: ____ Zip: _____
Foundation	DevCo	Email: _____ Phone: _____	
Receive statements via:		Signature: _____ Date: _____	
Web	Email	Mail	
Foundation	DevCo		

CHURCH COUNCIL CERTIFICATION

This form is provided to Virginia United Methodist Foundation and/or Virginia United Methodist Development Co., LLC by the authorization designated below. The undersigned certifies they are authorized members of the organization. As such, further certify (1) the above named individuals have authority to execute all transactions on behalf of the organization in connection with the Virginia United Methodist Foundation and/or Virginia United Methodist Development Co., LLC, and the signature written below the name of each individual is such person's genuine signature; or (2) the above named individuals no longer have authority to execute any transactions on behalf of the organization
 Note: Certifying signatures CANNOT also be an authorized signer. Both signatures requested below must be obtained to certify the signatures above.

Senior Pastor or Board Chair name: _____ Signature: _____ Date: _____
 Senior Lay Person or Board member name: _____ Signature: _____ Date: _____

Foundation/DevCo use only	
Date received: _____	Received by: _____