

Cash Management Facility – Authorised Signatories

Church or Account Name: _____

CMF Account Number: _____ Date: _____

Please record ADDRESS for mailing of statement

Name: _____

Address: _____

_____ Postcode: _____

ALL SIGNATORIES now authorised to operate the account

| <i>Family Name</i> | <i>Given Name</i> | <i>Church Position</i> | <i>Signature</i> |
|--------------------|-------------------|------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

AUTHORISED BY

On behalf of the Church, we agree for the individuals listed above to be a signatory on the above listed CMF account.

Church Pastor or Head Elder

Name: _____ Signature: _____

Treasurer or Other Church Officer

Name: _____ Signature: _____

Position: _____

**Please mail completed form to the Conference Office
Conference to mail copy to Division**