



Authorized Signer Update Form

Fund name: _____ Date: _____

As the duly appointed signatories of this fund, you will be able to make disbursement requests, changes to investment strategy, and / or have view access for online statements. By signing below, you understand that **this change will take place as soon as possible after this signed form is scanned to the Catholic Community Foundation at donorcare@ccfphx.org.**

Authority Type:

Signer – request and authorize disbursements from your fund and make investment allocation decisions. Includes access to the CCF online portal to obtain monthly/quarterly statements.

View only – Will be able to see fund statements and have access to the CCF online portal

Each of our signatures below agree that below is/are fund signatory revisions we wish at this time for the fund listed above.

_____	_____	_____	_____
Signatory #1 (print)	Signature	Title	Access type

_____	_____	_____	_____
Signatory #2 (print)	Signature	Title	Access type

_____	_____	_____	_____
Signatory #3 (print)	Signature	Title	Access type

_____	_____	_____	_____
Signatory #4 (print)	Signature	Title	Access type

Pastor's Signature: _____ Date: _____