



MISSION DEVELOPMENT CERTIFICATES

P.O. Box 423, Seahurst, WA 98062

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Loan Access Authorization Form

1. CHURCH INFORMATION

Name of Church or Organization: _____

Federal Tax ID Number: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ E-Mail: _____

2. AUTHORIZATION

The duly appointed representatives of the Organization, named below, are authorized to act for, on behalf of, and in the name of the Organization in connection with the Organization’s MDC loan account(s):

Representative 1	Representative 2	Representative 3 (Optional)
(NAME)	(NAME)	(NAME)
(TITLE)	(TITLE)	(TITLE)
(PHONE)	(PHONE)	(PHONE)
(EMAIL)	(EMAIL)	(EMAIL)
(SIGNATURE)	(SIGNATURE)	(SIGNATURE)
Online Access (choose one): <input type="radio"/> Full privileges <input type="radio"/> Read-only <input type="radio"/> No access needed	Online Access (choose one): <input type="radio"/> Full privileges <input type="radio"/> Read-only <input type="radio"/> No access needed	Online Access (choose one): <input type="radio"/> Full privileges <input type="radio"/> Read-only <input type="radio"/> No access needed

3. ACKNOWLEDGMENT (TREASURER OR CLERK OF SESSION)

PRINT NAME _____

SIGNATURE _____

TITLE _____ DATE _____

If you have any questions, please contact us at 206-971-4603.