

**Corporate Church/Organization Account
Request for Informational Access Only**

_____ (Name of Church or Organization) approves the following person(s) to be authorized to obtain account information only on our account # _____ held with Interfaith Federal Credit Union. To properly identify named individual, the following information will be used for verification along with copy of ID or driver's license.

INDIVIDUAL ONE

Title or Position _____

First Name: _____ Last Name: _____

Social Security #: _____ Date of Birth: _____ Mother's Maiden Name: _____

INDIVIDUAL TWO

Title or Position _____

First Name: _____ Last Name: _____

Social Security #: _____ Date of Birth: _____ Mother's Maiden Name: _____

Approved by

Authorized by Signer _____ Date _____

Authorized by Signer _____ Date _____

(Applies to accounts that require two signatures)

For security of your information DO NOT RETURN completed form by EMAIL

You have 4 options for submitting forms securely:

1. Log in to your account in online banking, then attach completed form to a message through Suport. Instructional pdf is available at <https://interfaithfcu.org/forms>, bottom of page.
2. Fax to 909-981-7055
3. Mail to Interfaith FCU, PO Box 60651, Montclair, CA 91763 or your regional office
4. Upload using the secured document portal available at <https://umfcu.wetransfer.com>