



PO Box 60651, Montclair, CA 91763
Call Center 800-245-0433 Fax 909-981-7055
www.interfaithfcu.org

**For security of your information
DO NOT RETURN completed form by EMAIL**
Return this completed, signed & dated form
utilizing secure messaging while logged in to
your account, or by fax or by mail.

REQUEST TO UPDATE/ADD SIGNER(S)

Date: _____ Account #: _____

Church/Organization Name: _____

Mailing Address: _____ Phone: (____) _____

We are requesting to update our account with Interfaith Federal Credit Union.
Please make the following changes to our account.

Remove Authorized Signer(s) - List Full Name(s) _____

Existing Authorized Signer(s) to Remain on Account - List Full Name(s) _____

ADD as Authorized Signer Informational Access Only

Name _____ Date of Birth _____ Mother's Maiden Name _____
Social Security # _____ Driver's License # _____ State _____
Daytime telephone # (____) _____ E-mail Address _____
Signer Signature _____

ADD as Authorized Signer Informational Access Only

Name _____ Date of Birth _____ Mother's Maiden Name _____
Social Security # _____ Driver's License # _____ State _____
Daytime telephone # (____) _____ E-mail Address _____ Signer
Signature _____

ADD as Authorized Signer Informational Access Only

Name _____ Date of Birth _____ Mother's Maiden Name _____
Social Security # _____ Driver's License # _____ State _____
Daytime telephone # (____) _____ E-mail Address _____ Signer
Signature _____

Enclose clear photocopy of Authorized Signers Driver's License or Government Issued Photo Identification.

The above-named individual(s) is hereby approved to be an authorized signer on our corporate Interfaith Federal Credit Union account. This authorization approved by: (Must be authorized corporate or church signer).

Approved by

Name _____ Title _____ Signature _____ Date _____

Name _____ Title _____ Signature _____ Date _____