



MISSION DEVELOPMENT CERTIFICATE PROGRAM

P.O. Box 423, Seahurst, WA 98062

Tel: 206.971.4603

Email: invest@mdcprogram.org

Corporate Investment Authorization Form

1. CHURCH INFORMATION

Name of Church or Organization: _____

Federal Tax ID Number: _____

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

Phone: _____ E-Mail: _____

2. AUTHORIZATION

1. 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 investment accounts:

| 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 |

2. Any listed Representative is hereby authorized to execute and deliver to MDC Program one or more renewals, extensions, or modifications thereof.

3. ACKNOWLEDGMENT (TREASURER OR CLERK OF SESSION)

PRINT NAME _____

SIGNATURE _____

TITLE _____ DATE _____

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