



MISSION DEVELOPMENT CERTIFICATE PROGRAM  
 P.O. Box 423, Seahurst, WA 98062  
 Tel: 206.971.4603  
 Email: invest@mdcprogram.org

# 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)
<b>Online Access (choose one):</b> <input type="radio"/> Full privileges <input type="radio"/> Read-only <input type="radio"/> No access needed	<b>Online Access (choose one):</b> <input type="radio"/> Full privileges <input type="radio"/> Read-only <input type="radio"/> No access needed	<b>Online Access (choose one):</b> <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.