

## Request for Interfaith FCU Master Debit Card Signer

	(Name of Church or Or	ganization) approves the
following person to be an authorized u	ser/signer on the MasterCard J	Debit card for account
#with		
Attached are minutes from our Board of	of Trustees and/or Finance Co	mmittee meeting in
which it was approved and authorized		C
Transaction of the second of t		
As an authorized signer/user on the Ma	asterDebit Card, you will be be	ound by the terms and
conditions of the Interfaith Federal Cre	•	•
Conditions of the internation of Cartain Circ	And Chief Electronic Services	Discretare 1151coment.
Authorized user/signer name:		
Social Security #:	Driver's License #	State
Daytime telephone # ( )	Evening telephone	#_(
Date of Birth Emai	l Address	
Cardholder Signature:		
IFCU will need a clear photocopy of	ourrant driver's license for th	his individual
iree win need a clear photocopy or	current uriver's neemse for the	ilis iliulviuuai.
The above-named individual is hereby	approved to be an authorized	user/signer on our corporate
Interfaith Federal Credit Union Master		
conditions of the credit union account a		
Interfaith FCU Truth in Savings and El		1 0
authorization is approved by: (Must be		_
		<b>G</b> ,
Authorized by (Name, title, and signatu		Date
Authorized by (Name, title, and signatu	пеј	Date
Andharia dha Olama didha and alamata		Data
Authorized by (Name, title, and signatu	ire)	Date

## 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 Support. 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