

Revolving Fund Trustee Account Authorization

Name of Trust: _____

Name of Trustee: _____

Address: _____

Telephone: () _____ Trust.Tax ID#: _____

Send Interest Checks to *(if different from account address)*:

Name: _____

Address: _____

Withdrawal Authorization *(for our file records)*:

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

We certify that the above information has been approved by the organization's governing committee

(Signature of Secretary)

Dated _____

Please complete and return to:

*North Pacific Union Conference Association of Seventh-day Adventists
5709 N 20th Street
Ridgefield, WA 98642
Phone: (360) 857-7000*

For Office Use Only:

Account Number _____

Initial Amount Invested _____