

## Changing Authorized Signors

Part I. To ensure we know the individual(s) who are authorized to sign and conduct transactions for your business account, we require a copy of your meeting minutes or other documentation stating the following:

- Names of authorized signors (new and/or remaining)
- Titles of authorized signors (secretary, treasurer, etc.), if applicable
- Dates the authorized signors will be effective
- List of activities the individual(s) can participate in, such as:
  - Sign checks
  - Use debit card
  - Utilize internet banking

If possible the above information should be typed on business letterhead. If your organization does not record meeting minutes, below is a sample letter template for your convenience:

**Name of Organization:**

**Date:**

**Account Number(s):**

To Whom it May Concern,

I/We designate \_\_\_\_\_, to act as authorized signors for the above listed account(s) effective as of \_\_\_\_\_. The individuals listed above are authorized to conduct the following \_\_\_\_\_.

**Members of Organization:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*Signature*

*Print Name and Title*

Part II. Certain information is required for new authorized signors. A form is located on the backside of this handout for your convenience.

| #1 Authorized Signor   | #2 Authorized Signor  |
|--|---|
| <b>Customer Name</b><br>X  | <b>Customer Name</b><br>X   |
| <b>Title of signor</b>   | <b>Title of signor</b>  |
| <b>Physical Address</b><br>X   | <b>Physical Address</b><br>X  |
| <b>Mailing Address</b><br>X  | <b>Mailing Address</b><br>X   |
| <b>Date of Birth</b><br>X  | <b>Date of Birth</b><br>X   |
| <b>Social Security Number</b><br>X   | <b>Social Security Number</b><br>X  |
| <b>Password for Phone inquiries</b><br>X   | <b>Password for phone inquiries</b><br>X  |
| <b>Occupation</b><br>X   | <b>Occupation</b><br>X  |
| <b>Phone Numbers:</b><br>Home: _____ Work: _____<br>Cell Phone: _____  | <b>Phone Numbers:</b><br>Home: _____ Work _____<br>Cell Phone: _____                                      |
| <b>Email Address</b><br>X  | <b>Email Address</b><br>X   |
| <b>State issued ID Card or Driver's License Number</b><br>X _____ State _____<br>Issue date _____ Exp date _____ | <b>State issued ID card or Driver's License</b><br>X _____ State _____<br>Issue date _____ Exp date _____ |
|  |   |