



Diocesan Deposit Fund Deposit Account Signature

Diocesan Entity Signature

Entity Name: _____ Authorization Effective Date: _____

Mailing Address: _____
Street Address *City* *Zipcode*

Email Address for statements: _____

Print Name: _____
Last *First* *M.I.*

Title: _____

Signature: _____

List applicable Deposit Account Numbers: _____

Signatures of Authorized Representative(s)

1. Sign Name: _____ Title: _____
Print Name: _____

2. Sign Name: _____ Title: _____
Print Name: _____

3. Sign Name: _____ Title: _____
Print Name: _____

For Diocesan Use Only

Entered by: _____ Date: _____