

# CASH MANAGEMENT FACILITY

## AUTHORISED SIGNATORIES AND CHANGES IN MAILING ADDRESS

CHURCH OR ACCOUNT NAME: \_\_\_\_\_

CMF ACCOUNT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

Please record **ADDRESS** for mailing of statement :

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Fax \_\_\_\_\_

E-MAIL ADDRESS (If Any) \_\_\_\_\_

### **ALL SIGNATORIES** now authorised to operate the account

<u>Family Name</u>	<u>Given Names</u>	<u>Church Position</u>	<u>Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **AUTHORISED BY:** (Church Pastor or Head Elder and one other to Sign)

Church Pastor \_\_\_\_\_ Church Elder \_\_\_\_\_

Treasurer \_\_\_\_\_

Other (Include Position held) \_\_\_\_\_

### **PLEASE COMPLETE THIS FORM & MAIL TO THE CONFERENCE OFFICE**

PO Box 5186  
Papanui  
Christchurch 8542

**Conference to mail copy to Division**