



As an ADF customer, and because we take the protection of your ADF account(s) seriously, you will need to appoint at least one individual (but no more than three individuals) as an Authorized Signer on your ADF account(s). Only an Authorized Signer may authorize transactions on your church's accounts, make changes to those accounts, etc.

Included with this letter is an Authorized Signer Form, to be used for appointing an Authorized Signer. Please note that the form must be signed by an existing corporate officer and accompanied by:

1. A copy of the Authorized Signer's driver's license and
2. A copy of your governing board's meeting minutes, reflecting the governing board's appointment of the individual as Authorized Signer

For your protection, the above step is required before taking advantage of our free online service. Designating an ADFOnline Administrator is accomplished by simply checking the "yes" box for ADFOnline Administrator (at the bottom of the form).

Thank you for your attention to this important security item. We look forward to serving your ministry in this way.

The Alliance Development Fund Team



ADF Authorized Signer Form

Part I – Organization

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Part II – Authorized Signer

Last Name	First Name	Middle Initial
Home Mailing Address	City	State, ZIP
Social Security Number	Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Date of Birth	Position / Title	Email
Driver's License Number (Include Copy)	Printed Name	
	Signature	

Part III – Corporate Officer Authorizing Signer

As a corporate officer of the above Organization, I verify that the attached governing board meeting minutes authorize the above Signer to authorize transactions on, make changes to, set up external bank account relationships for and, in all other ways, act as owner of the Organization's ADF accounts.

Signature: _____ Date: _____

Name of Officer: _____ Phone: _____

- Copy of Board Meeting Minutes Attached
- Copy of Authorized Signer's Driver's License Attached
- Yes No Designate Authorized Signer as ADFOnline Administrator