



**ACCOUNT INFORMATION SHEET**

10330 Staples Mill Road  
 Glen Allen, VA 23058  
[www.VAUMFGifts.org](http://www.VAUMFGifts.org)  
[vafoundationumc@vaumc.org](mailto:vafoundationumc@vaumc.org)

804.521.1121 or 1-800-768-6040 ext. 121

New account:  Account(s) update:  ALL Accounts  Account #(s): \_\_\_\_\_

New Account Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

District: \_\_\_\_\_ GCFA #: \_\_\_\_\_

ACCOUNT PURPOSE			ASSET ALLOCATION	
General Investment			_____	% Balanced fund
Endowment:	Restricted	Unrestricted	_____	% Stock fund
Withdrawal Restriction(s):	Yes	No	_____	% Bond fund
<i>(Attach a copy of the endowment resolution and/or restriction(s).)</i>			_____	% Money Market fund
Apply allocation to all future deposits	Apply allocation to current deposit only		_____	% Total

**AUTHORIZED CONTACTS** *(if authorized to sign for withdrawals and deposits, please check the box next to the Authorized Name)*

Authorized Name: _____	Position: _____
Mailing address: _____	
City: _____	State: _____ Zip: _____
Email: _____	Phone: _____
Signature: _____	Date: _____
Receive statements: <input type="checkbox"/>	Email <input type="checkbox"/> Postal mail <input type="checkbox"/> No <input type="checkbox"/> Statement Only <input type="checkbox"/>
Authorized Name: _____	Position: _____
Mailing address: _____	
City: _____	State: _____ Zip: _____
Email: _____	Phone: _____
Signature: _____	Date: _____
Receive statements: <input type="checkbox"/>	Email <input type="checkbox"/> Postal mail <input type="checkbox"/> No <input type="checkbox"/> Statement Only <input type="checkbox"/>
Authorized Name: _____	Position: _____
Mailing address: _____	
City: _____	State: _____ Zip: _____
Email: _____	Phone: _____
Signature: _____	Date: _____
Receive statements: <input type="checkbox"/>	Email <input type="checkbox"/> Postal mail <input type="checkbox"/> No <input type="checkbox"/> Statement Only <input type="checkbox"/>
Authorized Name: _____	Position: _____
Mailing address: _____	
City: _____	State: _____ Zip: _____
Email: _____	Phone: _____
Signature: _____	Date: _____
Receive statements: <input type="checkbox"/>	Email <input type="checkbox"/> Postal mail <input type="checkbox"/> No <input type="checkbox"/> Statement Only <input type="checkbox"/>

**CHURCH COUNCIL CERTIFICATION**

Senior Pastor name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Lay Person name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_