

## Affiliate Investment Pool Authorized Signer Form

(Note: this is not a request for electronic access to AIP statements)

ACCOUNT INFORMATION

## Instructions:

O Complete this form and email, mail, or fax it to:
Andra Reynolds: areynolds@cofchrist.org or FiscalServices@cofchrist.org
Community of Christ, Attn: Fiscal Services, 1001 W Walnut, Independence MO 64050
Fax: (816) 521-3083

O For assistance email areynolds@cofchrist.org or FiscalServices@cofchrist.org or call (816) 833-1000 ext. 1391 and leave a message.

ACCOUNT IN CRIMATION	
Jurisdiction (congregation/mission center/campgr	ound/affiliate)
Mission Center	
AIP Account Number(s):	
FINAN	NCIAL OFFICER INFORMATION
Name	
Email	
Phone Number - preferred	Phone Number - alternate
Approval Signature	Date
	AUTHORIZED SIGNERS
Name	Title
Use an additional form for more than four authorize	zed signers