



Authorized Signatory Amendment Form

Date effective: _____ Participant Account #: MI-01-_____

Name of Public Entity: _____

Please make the following changes for the named entity:

Individuals to be **ADDED**:

Print Name (First, Middle Initial, Last) *Title*

Signature

Telephone Number *Extension* *E-mail Address*

Authorized Signatory (to move funds) *E-mail Monthly Statement Request*

Internet Read Only *Pin Number Requested*

Print Name (First, Middle Initial, Last) *Title*

Signature

Telephone Number *Extension* *E-mail Address*

Authorized Signatory (to move funds) *E-mail Monthly Statement Request*

Internet Read Only *Pin Number Requested*

Individuals to be **REMOVED**:

Print Name *Print Name*

Changes authorized by:

Name *Title* *Date*

Signature