



Eder Financial

BOLD. BALANCED. TRUSTED.

1505 Dundee Ave. • Elgin, IL 60120-1619

888-311-6530 • 847-695-0200 • Fax 847-960-5712

oi@eder.org • ederfinancial.org/Organizational-Investing

Eder Organizational Investing Authorization Form

This form is used to list individuals who are authorized to execute transactions and/or receive statements on behalf of the organization. It should be completed and submitted whenever a change of authorized individuals occurs.

Submission Options:

Mail: 1505 Dundee Ave., Elgin, IL 60120

Fax: 847-960-5712

Email: oi@eder.org (not secure)*

*Only send sensitive information by secure email. Contact EOI for secure email option.

Organization/Account Name: _____ Church Code: _____ - _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Is electronic account access desired? If NO, complete only Section 1. If YES, complete both Sections 1 and 2.

Section 1

Name (Primary Contact): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

☐ Authorized to receive monthly statements ☐ Authorized to make contributions, distributions, and transfers (SIGNATURE REQUIRED)

Signature: _____

Section 2: Electronic Access via the EOI Web portal

The client portal is an online service provided to those who wish to conduct business with Eder Organizational Investing Inc. via a secure Internet connection. The following access levels are available.

Please choose **ONLY ONE** level of access (descriptions are below): ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4

Level 1 — Notice of statement availability, plus ability to view and print monthly statements. Printed statements are not provided to users with Level 1 access.

Level 2 — Includes Level 1, plus ability to view and print both standard and custom date ranges for viewing statements, reports, and transactions.

Level 3 — Includes Level 2, plus entering transactions (contributions, distributions, and transfers).

Level 4 — Includes Level 3, plus approving transactions (contributions, distributions, and transfers).

The officer signature below instructs Eder Organizational Investing Inc. to replace the organization's existing instructions with those above, on the reverse of this sheet, and on any additional sheets. Documentation (e.g., board minutes or corporate resolution) that the person who signs below is an officer of the church or organization must also accompany this form. This documentation requirement only applies to the officer signing below as "Authorized Signature."

Authorized Signature

Title

Date

Is electronic account access desired? If NO, complete only Section 1. If YES, complete both Sections 1 and 2.

Section 1

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

☐ Authorized to receive monthly statements ☐ Authorized to make contributions, distributions, and transfers (SIGNATURE REQUIRED)

Signature: _____

Section 2: Electronic Access via the EOI Web portal

Please choose **ONLY ONE** level of access (descriptions are on the bottom of the first page): ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4

Is electronic account access desired? If NO, complete only Section 1. If YES, complete both Sections 1 and 2.

Section 1

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

☐ Authorized to receive monthly statements ☐ Authorized to make contributions, distributions, and transfers (SIGNATURE REQUIRED)

Signature: _____

Section 2: Electronic Access via the EOI Web portal

Please choose **ONLY ONE** level of access (descriptions are on the bottom of the first page): ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4

Is electronic account access desired? If NO, complete only Section 1. If YES, complete both Sections 1 and 2.

Section 1

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

☐ Authorized to receive monthly statements ☐ Authorized to make contributions, distributions, and transfers (SIGNATURE REQUIRED)

Signature: _____

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Please choose **ONLY ONE** level of access (descriptions are on the bottom of the first page): ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4

Is electronic account access desired? If NO, complete only Section 1. If YES, complete both Sections 1 and 2.

Section 1

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

☐ Authorized to receive monthly statements ☐ Authorized to make contributions, distributions, and transfers (SIGNATURE REQUIRED)

Signature: _____

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Please choose **ONLY ONE** level of access (descriptions are on the bottom of the first page): ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4