



## 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### 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: \_\_\_\_\_  
Email: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

### **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: \_\_\_\_\_  
Email: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

### **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: \_\_\_\_\_  
Email: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

### **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: \_\_\_\_\_  
Email: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

### **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