

Columbia Union Revolving Fund
Authorized Representative Confidential Information Form
 (EACH AUTHORIZED REPRESENTATIVE MUST COMPLETE THIS FORM)



Type or print (legibly) each section and sign with black or blue ink. This form will be saved as a signature card, therefore digital signatures are not accepted. If you would like to email this form to us, OMIT your SSN, scan as a PDF and email it to curf@columbiaunion.net and a team member will call you to obtain your SSN verbally. Otherwise, mail this form to our address, below. **AGAIN, PLEASE DO NOT INCLUDE YOUR SSN ON THIS FORM IF YOU INTEND ON SCANNING AND EMAILING THIS TO US!**

CHURCH/ORGANIZATION INFORMATION			
ENTITY NAME:		EIN:	CURF PIN (CURF USE ONLY):
CHURCH MAILING ADDRESS:		CITY:	STATE: ZIP CODE:
CHURCH PHONE:	LOCAL CONFERENCE:	WEBSITE (optional):	
PERSONAL INFORMATION			
FIRST NAME:	MIDDLE (optional):	LAST NAME:	SSN:
MAILING ADDRESS:		CITY:	STATE: ZIP CODE:
EMAIL ADDRESS:	PHONE NUMBER (mobile/daytime):	PHONE NUMBER (alternate):	
CORRESPONDENCE PREFERENCE: <input type="checkbox"/> ELECTRONIC ONLY <input type="checkbox"/> PAPER ONLY <input type="checkbox"/> PAPER & ELECTRONIC	TREASURERS ONLY: PLEASE SPECIFY THE DEFAULT MAILING ADDRESS FOR ALL CORRESPONDENCE: <input type="checkbox"/> CHURCH'S ADDRESS <input type="checkbox"/> MY PERSONAL ADDRESS		
SIGNATURE:		DATE SIGNED:	

Making Ministry Possible

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