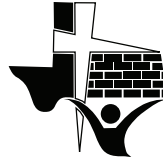


MY TEXAS CEF ORGANIZATION REQUEST FOR ONLINE ACCESS



Texas District Church Extension Fund
7900 E US 290, Austin, TX 78724
Phone 1-888-951-1233
Fax 512-535-1605
TexasCEF.org
facebook.com/texascef

My Texas CEF is a service of the Texas District Church Extension Fund (Texas CEF), providing online access to Texas CEF investments and loans. A *My Texas CEF* personalized Activation Code will be issued by Texas CEF. The applicant will be notified by phone. Upon setup, the applicant authorized and empowered by the organization to act on its behalf will be granted access privileges as indicated on page two of this request. Texas CEF will contact the applicant by phone to complete enrollment.

STEP 1: Organization Details

Organization Name _____ City _____

Address _____

City _____ State _____ Zip _____

STEP 2: Applicant Information

First _____ Initial _____ Last _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

E-mail _____ Social Security Number _____

Home Phone _____ Office or Cell Phone _____

STEP 3: Investment and Loan Account Numbers

All Accounts OR List Specific Texas CEF Accounts INQUIRY ONLY

STEP 4: Certification

I _____
Name of officer other than applicant. Example: President, Head Elder Title

_____ and the applicant named on page one hereby certify that:
Name of Organization

- The organization identified above is duly organized, existing under the laws of the state of its domicile, and that as such has authorized me to make this certification on its behalf.
- I understand that the individual authorized to use *My Texas CEF* on behalf of our organization will have the ability to see balances, make transactions, and view statements for investment accounts.
- I understand that the individual authorized to use *My Texas CEF* on behalf of our organization will have the ability to see loan balances and history and may have the ability to make loan payments.
- I authorize Texas CEF to accept any and all transaction requests initiated on behalf of the organization through the *My Texas CEF* service.
- I authorize Texas CEF to initiate any correcting debit or credit that may be necessary.
- I understand that the applicant will not share his/her user ID and/or password.
- I understand that our organization must notify Texas CEF immediately if the applicant is no longer authorized to act on its behalf.
- I understand that this agreement remains in effect until Texas CEF receives written notice of its revocation and Texas CEF has had an opportunity to act upon the notice.
- I understand a new *My Texas CEF* application must be completed if any new person is to be duly authorized and empowered to use the *My Texas CEF* service on behalf of our organization.

Signature of authorizing officer listed above Date

Applicant Signature Title Date