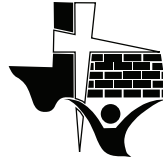


# MY TEXAS CEF ORGANIZATION REQUEST FOR ONLINE ACCESS



Texas District Church Extension Fund  
1221 Satellite View, Round Rock, TX 78665  
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. An invitation to register for *My Texas CEF* will be sent to the email listed below. For security purposes, shared email addresses (businessname@gmail.com, treasurer@church.org, etc.) cannot be used for registration. A personal email address must be on file in order to complete registration. 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.

## 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

Through investments from Texas District LCMS congregations and their members, Church Extension Fund will be the preferred financial resources partner for district ministries focused on multiplying followers of Jesus.