

Monthly Email-Statement Registration Form

Your account(s) will automatically receive quarterly statements in the mail unless the following information is completed and returned to the IUMF Office. Please fill out one form for EACH individual wanting to receive monthly statements via email.

Account Number(s):			
Church Information:			
Church Name:			
Church Mailing Address:			
Church City:	Church State:	Church Zip:	
Church Email Address:			
Church Phone Number:			
Contact Information:			
Contact Name:			
Contact Title:			
Contact Email Address:			
Contact Phone Number:			
Contact Signature:			
Check if you would like to	also receive paper statem	ents	

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