RESTRICTED ACCOUNT AUTHORIZATION FORM

This form is to be used to set out the guidelines for a currently expendable fund with the College of Charleston Foundation. This form will be kept on permanent file and any changes to the Fund will require an updated authorization.

Name of the Fund: _________________________________  Account No. _________________

School/Department: _________________________________  Date Established: __________

Initial Gift (if known): __________________________________________

Purpose of the Fund: ___________________________________________________________________

__________________________________________________________________________________

Authorized Signers for Fund:

1. _______________________   ______________________________  (Typed Name)  (Signature)

2. _______________________   ______________________________  (Typed Name)  (Signature)

3. _______________________   ______________________________  (Typed Name)  (Signature)

PRIMARY CONTACT - This individual shall be the point of contact for this fund, shall receive the financial reports, and shall be responsible for communicating with any other authorized account signatories regarding the status of the account.

Please print or type the information requested below:
Name: __________________________________________
Campus Address: __________________________________
Phone Number: _____________________ Email Address: _____________________

Department Head or Supervisor:

________________________________   ________________________________   ___________
(Typed Name)        (Signature)          (Date)