

**COLLEGE OF CHARLESTON FOUNDATION**  
CHARLESTON, SOUTH CAROLINA 29424  
**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)