

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

FOUNDATION ACCOUNT

UPDATED AUTHORIZED SIGNATURES/FUND ADMINISTRATOR

Name of the Fund Fund Number

School/Division and Department

Authorized Signers for Fund

Typed Name	Signature	Email	Receives report?
1.			<input type="checkbox"/> Yes
2.			<input type="checkbox"/> Yes
3.			<input type="checkbox"/> Yes
4.			<input type="checkbox"/> Yes

Department Head or Supervisor

Typed Name	Signature	Phone Extension	Email

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 the other authorized account signers regarding the status of the account.

Please print the information requested below.

Name _____

Campus Address _____

Phone Number _____ Email address _____

EFFECTIVE DATE _____