

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)