

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

RESTRICTED ACCOUNT

**UPDATED AUTHORIZED SIGNATURES/FUND ADMINISTRATOR**

Name of the Fund  Account Number

School or Department

**Authorized Signers for Fund**

Typed Name	Signature	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

**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 \_\_\_\_\_