

FOUNDATION USE ONLY

Fund Agreement on file

Financial Edge updated

Banner updated

Argos updated

Account Number: _____ Account Name: _____

ACCOUNT MANAGER INFORMATION

The account manager oversees account activity, is an authorized signatory, is the recipient of gift notification reports (via email) and periodic ledger reports, and may request the account balance.

Name _____ Title _____

On-campus Address _____

On-campus Phone _____ Email _____

Account Manager Signature Date

ADDITIONAL AUTHORIZED SIGNATORIES

The account manager authorizes the persons listed below to sign check request forms, to request account balances and ledger reports, or to receive gift notification reports, as indicated below. Gift notification reports will only be sent to campus email addresses.

Name _____

Title _____

On-campus Address _____

On-campus Phone _____

On-campus Email _____

Signature Date

Authorized to *(please check a box for each)*:

- Sign check request forms
Yes No
- Request account balances and ledger reports
Yes No
- Receive gift notifications reports
Reports will be sent if no box is checked
Yes No

Name _____

Title _____

On-campus Address _____

On-campus Phone _____

On-campus Email _____

Signature Date

Authorized to *(please check a box for each)*:

- Sign check request forms
Yes No
- Request account balances and ledger reports
Yes No
- Receive gift notifications reports
Reports will be sent if no box is checked
Yes No

Name _____

Title _____

On-campus Address _____

On-campus Phone _____

On-campus Email _____

Signature _____

Date _____

Authorized to *(please check a box for each)*:

- Sign check request forms

Yes No

- Request account balances and ledger reports

Yes No

- Receive gift notifications reports

Reports will be sent if no box is checked

Yes No

Name _____

Title _____

On-campus Address _____

On-campus Phone _____

On-campus Email _____

Signature _____

Date _____

Authorized to *(please check a box for each)*:

- Sign check request forms

Yes No

- Request account balances and ledger reports

Yes No

- Receive gift notifications reports

Reports will be sent if no box is checked

Yes No

Name _____

Title _____

On-campus Address _____

On-campus Phone _____

On-campus Email _____

Signature _____

Date _____

Authorized to *(please check a box for each)*:

- Sign check request forms

Yes No

- Request account balances and ledger reports

Yes No

- Receive gift notifications reports

Reports will be sent if no box is checked

Yes No

Name _____

Title _____

On-campus Address _____

On-campus Phone _____

On-campus Email _____

Signature _____

Date _____

Authorized to *(please check a box for each)*:

- Sign check request forms

Yes No

- Request account balances and ledger reports

Yes No

- Receive gift notifications reports

Reports will be sent if no box is checked

Yes No