

Account Name: _____

Account number: _____

Dear Account Holders:

I would like you to obtain the signatures of those that you have given permission to sign the check request for expenditures from your MCG Foundation accounts.

I will keep this as part of our permanent file. When you have any changes in authorized signers, please send a memo and I will e-mail you a new authorization for you to sign and return for our files.

Thank you for your continued cooperation.

Please sign at the bottom and return as soon as possible.

Kathryn Warr, CPA
MCG Foundation, Inc.

The following have been authorized to sign a request for withdrawal of Foundation funds, and these are their personal signatures.

1. _____
Print name then signature, please include campus address, phone and fax, position, department and e-mail
2. _____
Print name then signature, please include campus address, phone and fax, position, department and e-mail
3. _____
Print name then signature, please include campus address, phone and fax, position, department and e-mail
4. _____
Print name then signature, please include campus address, phone and fax, position, department and e-mail

Signed by: _____
Dean, Chairman, Vice President, CEO

Date: _____

Please remove the following signatories from this account:

