

AUTHORIZED SIGNATURES FOR CHECK REQUEST – 2020 - 2021

Name of Organization: _____

Account Number: _____

President: _____
Print **Signature**

Controller/Treasurer: _____
Print **Signature**

Other Position: _____
Print **Signature**

Other Position: _____
Print **Signature**

Advisor: _____
Print **Signature**

Co-Advisor: _____
Print **Signature**