MIDDLE TENNESSEE STATE UNIVERSITY

AGENCY FUNDS SIGNATURE CARD

DATE: _____/_____/_____

MTSU is hereby authorized to serve as custodian for monies deposited on behalf of the following individual/ organization. We assume no responsibility for expenditures not within the purpose intended for this account.

Account Number: 0-8 __ __ __ __

Name of Individual / Organization: _____

Advisor Name / Email: _____

Student(s): _____

Purpose of Account: _____

Duration of Account: From: _____ **To:** _____

Dispensation of funds remaining after ending date: _____

Responsible Person's Signature: _____

Business Office Approval: _____

Additional Advisors/Students and Email: _____

We are authorized to make payments / withdrawals with approval of the current responsible person(s) only.
If there is a change in said person(s), a new signature card must be filled out and returned to Accounting Services before payments / withdrawals will be processed. Student organization agency requests require dual signatures per the student handbook.