



## AUTHORIZED SIGNER FORM

### NAME OF ACCOUNT

\_\_\_\_\_  
(e.g. The John and Mary Davis Family Foundation)

### AUTHORIZED SIGNER INFORMATION

\_\_\_\_\_  
Authorized Signer 1 Name

\_\_\_\_\_  
Authorized Signer 2 Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Identification Type (driver's license, passport, etc.)

\_\_\_\_\_  
Identification Type (driver's license, passport, etc.)

\_\_\_\_\_  
Identification Number

\_\_\_\_\_  
Identification Number

\_\_\_\_\_  
Issuer

\_\_\_\_\_  
Issuer

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Authorized Signer 1 Signature

\_\_\_\_\_  
Authorized Signer 2 Signature

Check here if more than one signature is required to complete a transaction:

Please provide a **copy of the identification** for each authorized signer. You must also provide a **copy of the Board Minutes** authorizing the person(s) named above to act. The instructions given in this form will continue until revoked by further action of the governing body of this organization. **This form will revoke all prior named authorized signers.** *The above-named individuals are authorized signers for the account named above. I certify that the attached minutes are accurate and true, and that the signatures appearing on this page are those of the authorized persons. I am not one of the persons named above.*

\_\_\_\_\_  
Board Member/Director Print Name

\_\_\_\_\_  
Board Member/Director Signature

\_\_\_\_\_  
Date