

**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:** \_\_\_\_\_

**Address -- Campus:** \_\_\_\_\_

**Others:** \_\_\_\_\_

**Purpose of Account:** \_\_\_\_\_

**Duration of Account: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Dispensation of funds remaining after ending date:** \_\_\_\_\_

**Responsible Person's Signature:** \_\_\_\_\_

**Business Office Approval:** \_\_\_\_\_

We are authorized to make payments / withdrawals with approval of the current responsible person only. If there is change in said person, a new signature card must be filled out and returned to Accounting Services before payments / withdrawals will be processed.