

AUTHORIZED SIGNATURE FORM

Southern Methodist University
2008-2009

ACCOUNT NUMBER: ____ - ____ - ____

ORGANIZATION NAME: _____

	<u>PRINTED NAME</u>	<u>SIGNATURE</u>	<u>PHONE NUMBER</u>	<u>EMAIL ADDRESS</u>
PRESIDENT				
VICE PRESIDENT				
TREASURER				
ADVISOR				

I, _____ of _____, hereby authorize the above people to sign on all check requests.
President Organization

Signature of President