MOREHEAD STATE UNIVERSITY
AGENCY ACCOUNT AUTHORIZATION

CHECK ONE: Original Authorization _____
Renewal Authorization _____

Agency Name: _____ **Date:** _____

Campus Mailing Address: _____

Phone Number: _____ **Account Number:** **53-00000000-243** ___ ___ ___ ___

Current Balance: $_____.___

We, the undersigned, acknowledge the receipt of and agree to abide by the policy and procedures used by Morehead State University in the management of this account.

SIGNATURES:

_____ ___/___/___ _____ ___/___/___
Agency Sponsor **Date** **Agency Signatory** **Date**

_____ _____
Printed Name **Printed Name**

_____ _____
E – Mail Address (Agency Sponsor) **E – Mail Address (Signatory)**

_____ ___/___/___ _____ ___/___/___
Alternate Signatory **Date** **Conference Services Manager**

_____ _____ ___/___/___
Printed Name **Acct. & Bud. Control**

_____
E – Mail Address (Alternate Signatory)

ACCOUNT CLOSING:

Reason for Termination: _____ **Date:** _____

Disposition of Funds: BALANCE: $_____.____ _____

_____ ___/___/___ _____ ___/___/___
Agency Sponsor **Date** **Agency Signatory** **Date**

_____ _____
Printed Name **Printed Name**

_____ _____
E – Mail Address (Agency Sponsor) **E – Mail Address (Agency Signatory)**

_____ ___/___/___ _____ ___/___/___
Alternate Signatory **Date** **Conference Services Manager** **Date**

_____ _____ ___/___/___
Printed Name **Acct. & Bud. Control** **Date**

_____
E – Mail Address (Alternate Signatory)

Distribution of Copies: **One - Accounting & Budgetary Control** **One - Student Services** **One - Applicant**

Revised 06/2006