

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
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_____ Printed Name	_____ Printed Name
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_____ E – Mail Address (Agency Sponsor)	_____ E – Mail Address (Signatory)
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_____ Alternate Signatory	____/____/____ Date	_____ Conference Services Manager	____/____/____ Date
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_____ Printed Name	_____ Accounting & Financial Services	____/____/____ Date
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E – Mail Address (Alternate Signatory)

ACCOUNT CLOSING:

Reason for Termination: _____ Date: _____

Disposition of Funds: BALANCE: \$ _____

_____ Agency Sponsor	____/____/____ Date	_____ Agency Signatory	____/____/____ Date
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_____ Printed Name	_____ Printed Name
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_____ E – Mail Address (Agency Sponsor)	_____ E – Mail Address (Agency Signatory)
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_____ Alternate Signatory	____/____/____ Date	_____ Conference Services Manager	____/____/____ Date
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_____ Printed Name	_____ Accounting & Financial Services	____/____/____ Date
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E – Mail Address (Alternate Signatory)
