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**	**Date**
_____		_____	__/__/__
Printed Name		**Accounting & Financial Services**	**Date**
_____			
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		**Accounting & Financial Services**	**Date**
_____			
E – Mail Address (Alternate Signatory)			

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

Revised 03/2010