



Agency Account Authorized Signers

Account Name: _____

Account Number: _____

Signature _____

Printed Name and Title _____

Signature _____

Printed Name and Title _____

Signature _____

Printed Name and Title _____

Until further notice, the above named individuals are authorized to request funds from the Catholic Community Foundation for Eastern South Dakota Agency Account referred to above.

Priest Signature

Phone

Printed Name

Date

Please return this form to:
Catholic Community Foundation for Eastern South Dakota
Attn: Heather Fortin/Mary Jo Hausman
523 N Duluth Ave
Sioux Falls, SD 57104