



DESIGNATION OF ADDITIONAL AUTHORIZED SIGNATORY FOR AN FJC FISCAL SPONSORSHIP PROGRAM FUND (please mail or fax)

Fund Name: \_\_\_\_\_

Fund Account No. \_\_\_\_\_

To FJC:

Kindly add the following individual as an Authorized Signatory for the Fund named above:

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Signature of Additional Authorized Signatory \_\_\_\_\_ E-Mail \_\_\_\_\_

User ID - This will be used for accessing the FJC DonorWeb and submitting account requests via e-mail. Your ID may be 5-10 characters (min. of 2 alpha or numeric to be included). Please note that it is case sensitive. If you do not supply a User ID at this time FJC will generate a default ID for you.

Please send duplicate quarterly statements to the Additional Authorized Signatory named above:

\_\_\_\_\_ Yes \_\_\_\_\_ No

The above named individual has the following access rights to the FJC DonorWeb to view account information online:

\_\_\_\_\_ No Access \_\_\_\_\_ Read Only Access \_\_\_\_\_ Full Access

By:

Signature of Current Authorized Signatory \_\_\_\_\_ Print Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_ Date

Kindly note that unless you advise FJC otherwise in writing, each Authorized Signatory shall have the full, equal and independent authority to execute Grant Requests and otherwise communicate with FJC on behalf of the Fund.