

Signature Authorization Form For Nonprofit Organizations

Complete this form to authorize staff and/or board members to sign on behalf of the organization for specified transactions. Submit completed forms to the administrative office for recordkeeping.

Organization Information

Organization Name	
Address	
Phone Number	
Tax ID Number (EIN)	

Authorized Signatories

Name	Title/Position	Sample Signature	Email	Transaction Limits / Authority (if any)

Scope of Authorization

The above-named individuals are authorized to sign checks, approve financial transactions, and execute documents as specified by the policies of the organization and any restrictions noted above.

Acknowledgment & Approval

I hereby certify that the above persons have been granted signature authority on behalf of the organization as of the date signed below:

Name of Approver	
Title/Position	
Signature	
Date	

This form should be kept on file and updated as authorized personnel change.