

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK AUTHORIZED SIGNATURES RECORD

Residence: \_\_\_\_\_

Date: \_\_\_\_\_

The following staff may approve withdrawals and expenditures of less than \$200.00 from personal funds in the Regional Bank for the persons residing in the above named residence. Withdrawals and expenditures of \$200.00 or more will require the signature approval of the Program Administrator or Residential Director. Withdrawals and expenditures of \$500.00 or more will require the signature approval of the Facility Administrator or Executive Director.

NAME (Printed or Typed)

SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following staff is authorized to pick up personal funds at the Regional Bank.

NAME(Printed or Typed)

SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_

Signature (Program Administrator/Residential Director/Residential Director)