

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 people residing in the above named residence. Withdrawals and expenditures of \$200.00 or more require the signature approval of the Program Administrator, Residential Director or DSN Board Executive Director as appropriate.

NAME (Printed or Typed)	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

NAME (Printed or Typed)	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approval by the Program Administrator, Residential Director or DSN Board Executive Director is required for withdrawals or expenditures of \$200.00 or more.

\_\_\_\_\_  
*Signature*  
*(Program Administrator/Residential Director/Executive Director)*

\_\_\_\_\_  
*Date*