SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK SIGNATURE CARD

REGIONAL BANK SIGNATURE CARD

Please Print
Full Name: _____
(last) (first) (middle)

Social Security Number: _____

Residence: _____
AUTHORIZED SIGNER:

_____
Person's Signature

_____
Witness Signature

_____
Title

_____
Date

Forward to: Regional Bank Liaison

SAMPLE