



## AGENCY FUND AUTHORIZATION FORM

Fund Name(s)	Nonprofit Organization

The Board of Directors of the Charitable Designee (nonprofit organization) authorizes the following person(s) **to give instructions concerning the above-named Fund(s)** of Triangle Community Foundation according to the Fund's governing document and the policies of Triangle Community Foundation:

Name and Title	Address	Email	Phone

**Quarterly Fund Statements** should be sent to the following address (limited to one recipient):

Name and Title	Address	Email	Phone

The follow person should have access to **Donor Central** (Triangle Community Foundation's online website) to view fund information available at [www.trianglecf.org](http://www.trianglecf.org):

Name	Title	Email

These instructions shall remain in effect until superseded by a written request to Triangle Community Foundation and signed by a person authorized above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Chair of Board of Directors*

Print Name: \_\_\_\_\_

PO Box 12729 ♦ Durham, NC 27709 ♦ Phone: 919.474.8370 ♦ Fax: 919.941.9208 ♦ [www.trianglecf.org](http://www.trianglecf.org)

<i>For Internal Use</i> - Fund ID: _____ Date Received: _____ Date Recorded: _____ Staff: _____
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