

# Fund Advisor Authorization Form

**Fund Name:** \_\_\_\_\_

**Fund Advisor-**     Add    Replace    Remove

(Primary contact, access to DonorCentral, receives financial statements, sign off on disbursements)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Advisor Signature Required:** \_\_\_\_\_ Date: \_\_\_\_\_

**Notification of Donations-**     Add    Replace    Remove

(Person to whom notification of incoming donations is sent; may be the fund advisor above)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Additional signer-**     Add    Replace    Remove

(Person authorized to sign off on disbursements out of the fund)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Statement Only-**     Add    Replace    Remove

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Current Fund Advisor-**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**\*Signature Required:** \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed copy to:

Berkshire Taconic Community Foundation  
800 N Main Street, PO Box 400,  
Sheffield, MA 01257-0400  
t: 413.229.0370    f: 413.229.0329  
[info@berkshiretaconic.org](mailto:info@berkshiretaconic.org), [www.berkshiretaconic.org](http://www.berkshiretaconic.org)

\*NOTE: To process this request, this form must be sent from the current fund advisor