



Fund Disbursement Authorization Form

(Please specify up to 3 people who have authority to authorize the KRCF to disburse funds)

The _____ Fund authorizes the following individual(s) to request disbursements from this Fund:

Name _____ **Title** _____

Phone Number _____ E-mail Address _____

Mailing Address _____

City/State/Zip _____

Name _____ **Title** _____

Phone Number _____ E-mail Address _____

Address _____

City/State/Zip _____

Name _____ **Title** _____

Phone Number _____ E-mail Address _____

Address _____

City/State/Zip _____

Payments from the above-referenced fund account can be made up to a maximum of \$ _____ per request (if there is no limit, please so designate).

Fund Disbursement Committee
President or Chair

Fund Disbursement Committee
Secretary/Treasurer/or authorized member

Date _____

Date _____