



ORGANIZATIONAL AFFILIATED FUND AGREEMENT

ATTACHMENT E

**Disbursement Authorization Form
For an Organizational Affiliated Fund**

The _____ Fund Advisory Committee authorizes the following individual(s) to request disbursements from this Fund (at least 2 but no more than 4 individuals must be listed):

_____	_____
Name of person authorized	Signature
_____	_____
Name of person authorized	Signature
_____	_____
Name of person authorized	Signature
_____	_____
Name of person authorized	Signature

Disbursements from the above-referenced fund in excess of \$5,000 per request require the signatures of two authorized individuals.

We authorize the above-named individuals to request disbursements from our Affiliated Fund.

Signature of Fund Advisory Committee
Chair

Signature of Fund Advisory Committee
Secretary/Treasurer

Date: _____