

Authorized Signer Designation Form

Complete the form below to designate the individual who will access this Lansing SAVE account on the student's behalf. Completion of this form will allow the Authorized Signer(s) to perform computer inquiries, change the terms of privately funded certificates, change beneficiaries, and change contact information.

Student Account Number:		Student Name <i>(please print)</i>
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Authorized Signer Information and Acceptance

Please provide the Authorized Signer(s) information below.

First Name			Middle			Last Name			Employer		
Address			City		State	ZIP	Birth Date		Social Security Number (Optional)		
Home Phone		Work Phone			Cell Phone			Email Address			
Mother's Maiden Name		Driver's License/Passport number			State of Issue	Date of Exp.		Other Documentation/ID			
First Name			Middle			Last Name			Employer		
Address			City		State	ZIP	Birth Date		Social Security Number (Optional)		
Home Phone		Work Phone			Cell Phone			Email Address			
Mother's Maiden Name		Driver's License/Passport number			State of Issue	Date of Exp.		Other Documentation/ID			

First Name			Middle			Last Name			Employer		
Address			City		State	ZIP	Birth Date		Social Security Number (Optional)		
Home Phone		Work Phone			Cell Phone			Email Address			
Mother's Maiden Name		Driver's License/Passport number			State of Issue	Date of Exp.		Other Documentation/ID			

Authorized Signer Signature: _____ Date: _____

Authorized Signer Signature: _____ Date: _____

Please return this form to your school's Principal for processing.

FOR OFFICE USE ONLY		
Lansing School District Authorization		
Signature(s): _____		Date: _____
Print Name(s): _____		School Name: _____
City of Lansing Authorization		
Custodian Signature(s): _____		Date: _____
Print Name(s): _____		
MSUFCU OFFICE USE		
_____	_____	_____
Date Received	Employee Name	Employee Number



Federally insured by the NCUA