

## MyFund Corporate Authorization Form

I, \_\_\_\_\_, being duly authorized to act on behalf of \_\_\_\_\_ (herein, the "Company"), hereby authorize United Way of Rhode Island (herein, the "United Way") to give access to the Company's corporate MyFund account to the Authorized User(s) named below. An Authorized User (and each Authorized User acting alone if more than one Authorized User is named herein) is authorized to make grant recommendations at any time and in any amount on behalf of the Company.

Authorized User 1: \_\_\_\_\_

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

MyFund Email Address: \_\_\_\_\_

Authorized User 2: \_\_\_\_\_

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

MyFund Email Address: \_\_\_\_\_

I understand that the addition of the Authorized User(s) named herein is subject to the approval of United Way. I certify that the Company will notify United Way in writing of any changes to the Authorized User(s) named herein.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Dated

Approved by (United Way of Rhode Island):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Dated