



**Xavier University**  
ATENE O DE CAGAYAN  
Corrales Avenue 9000 Cagayan de Oro City

**STUDENT ORGANIZATION SIGNATURE SPECIMEN**

School Year \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZED PERSONS FOR WITHDRAWALS**

**Code**

**Account Name**

**NAMES**

**SIGNATURES**

(Please affix your signatures in the space provided for)

1 \_\_\_\_\_  
Moderator

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

2 \_\_\_\_\_  
President

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

3 \_\_\_\_\_  
Treasurer

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_