

Departmental Fund Signature Authorization Change Request

About this Form - This form should be used by the Foundation account custodian to document which individuals can approve expenditures on accounts and to provide an example of their signatures.

Account Information (all fields required)

Fund Name: _____

Fund Number: _____ Department/College: _____

Signature Authorization (all fields required) - Type the individual's information and have him or her physically and/or digitally sign on the signature line. (Note: if you do not include both we can only accept what is included here. For example, if only signed digitally we will not be able to approve your physical signature and vice versa)

First Name	Last Name	Title	Physical Signature	Digital Signature

College Approvals - When the Signature Authorization section is complete, obtain signatures from the appropriate college authorities.

Department Head: _____
Date

Dean / Designee: _____
Date

Foundation Approval - When the College Approvals section is complete, the account custodian sends the form to the Foundation for final approval.

Foundation Agent: _____
Date