



Authorized Signer Request

Name _____

Signature _____

Department Contact _____

Phone Number _____

Section I - Authorization Requested

Please check one of the following to indicate the reason for the authorized signer request:

[] New Authorized Signer Request- This should be selected if the individual will be a new signer added to the fund. Please see restrictions under Section II to ensure the number of signers in each category is not exceeded.

[] Replacement of an Existing Authorized Signer Request- This should be selected if the individual is filling the position of an employee that is no longer with the Department. The expectation is that this employee will need to be able to sign on all funds that the previous employee was authorized for. Selecting this option WILL remove the previous employee from his/her roles on all Foundation funds.

Please provide the name of the employee to be replaced: _____

[] Delete Authorized Signer- This should be selected if the request provided is intended to remove an authorized signer only.

Section II - Signature Authority Requested

Please select the signature authority requested:

[] Responsible Party- (Required) The highest level of authority in an academic unit usually a Vice President or a Dean. The Responsible Party's approval is required to pay compensation to an individual for services rendered and/or for any payment exceeding \$1,000.

[] Responsible Party Designee- Someone authorized by the Responsible Party to sign on their behalf. Each fund is limited to two designees.

[] Additional Approver- Someone authorized to approve transactions that do not require the approval of the Responsible Party. Each fund is limited to three additional approvers.

Section III - Fund Administrator Requested

[] The Fund Administrator- (Required) (Not an approver) The person authorized to administrate the fund. To serve as an authorized signer, the fund administrator must be included as one of the authorized signers above.

Section IV - Funds Requested

Please list the funds that the individual will have signature authority for and /or administer. If additional space is needed, an excel spreadsheet detailing the fund numbers and names may be attached.

Table with 2 columns: Fund Number, Fund Name. Includes three rows of blank lines for data entry.

Will this individual need access to view the web reports for these funds: [] Yes [] No

Section V - Responsible Party (RP)

Signature of Responsible Party is required and constitutes approval of all information on this form.

Printed Name _____

Signature _____

Date _____

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

Updated By _____

Date Updated _____