Signing Authority

For existing and new accounts, temporary appointment and set-up of new accounts. Send the completed form to Financial Services | Abbotsford Campus A291



Financial Services must be notified in writing, whenever there is a change in the current departmental signing authorization and/or report distribution. This applies to both permanent and temporary changes (i.e., vacations, leave of absence, etc.).

| Requesting: | Request for new account (attach detailed documentation) | Addition on existing account(s) | Change on existing account(s) | Temporary Signing Authority |
|--|---|---------------------------------|-------------------------------|--------------------------------|
| Effective Date: | | Termination Date: _ | | |
| Account Numbers: | | | | |
| Faculty/ Department: | | | | |
| Program/ Project: | | | | |
| Signing Author | ity Information | | | |
| New/Additional Signing Authority Name: (please type/print) | | | | |
| New/Additional Signing Authority Signature: | | | | |
| Replacing Signing (please type/print) | g Authority Name: | | | |
| Additional Inform | mation: | | | |
| | | | | |
| | | | | |
| Authorization by VP, Dean, or Department Head | | | | |
| N | ame | Signature | | Date |
| Reviewed by Director, Financial Services | | | | |
| | | | | |
| Initial | Date | _ | | |

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