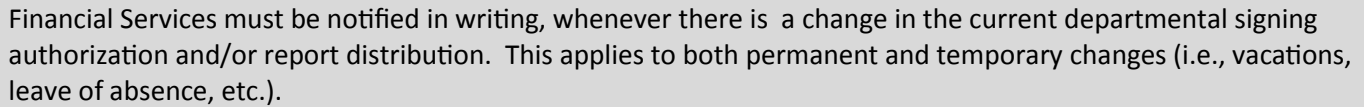


For existing and new accounts, temporary appointment and set-up of new accounts.  
Send the completed form to Financial Services | Abbotsford Campus A291



Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Faculty/ Department:	
Program/ Project:	

New/Additional Signing Authority Name:  
(please type/print)

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New/Additional Signing Authority Signature:

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Replacing Signing Authority Name:  
(please type/print)

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Additional Information:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Initial \_\_\_\_\_ Date \_\_\_\_\_