

FLORIDA ATLANTIC UNIVERSITY SIGNATURE MAINTENANCE FORM

Please type or print clearly

Signer's Name: _____ Effective Date _____
Authorization Expiration

Z Number: _____ - _____ - _____ if Appropriate _____

Dept.: _____ Phone #: _____

Contact Person: _____ Location: _____ Fax : _____

Check the appropriate action: Add Name. _____ Remove Name. _____ Change Restrictions. _____

Add as Co-Manager _____ Delete as Co - Manager _____ Remove from ALL Accounts _____
** (Account Listing not Required). **

Authorized By: _____ Signature: _____
Name/Title of Account Manager Account Manager

Type the Index Numbers that are Affected. Circle Restriction - Circle **ONLY** if Authorization is **NOT** Granted

1. _____	Requisitions	Payroll	Travel	Office Services
2. _____	Requisitions	Payroll	Travel	Office Services
3. _____	Requisitions	Payroll	Travel	Office Services
4. _____	Requisitions	Payroll	Travel	Office Services
5. _____	Requisitions	Payroll	Travel	Office Services
6. _____	Requisitions	Payroll	Travel	Office Services
7. _____	Requisitions	Payroll	Travel	Office Services
8. _____	Requisitions	Payroll	Travel	Office Services
9. _____	Requisitions	Payroll	Travel	Office Services

Note: If the individual named above have not registered his/her signature, also forward a Signature Registration Card with this form. Use additional forms if needed. Use space below for additional instructions. Forward form to Lora Stern, Controller's Office, Room 149. A copy of this form initialed and dated by Fiscal Affairs staff member will be sent to you to serve as a confirmation of your request/update. The Signature System Forms and Instructions can be found on <http://www.fau.edu/admin/fiscal/info/sig.htm>.

_____ Fiscal Affairs Use Only _____

Entered by _____

Date _____