

PLEASE MAKE COPIES AND KEEP THIS FORM AS ORIGINAL FOR FUTURE USE.

FLORIDA ATLANTIC UNIVERSITY ACCOUNT MAINTENANCE FORM

Please type or print clearly

Index Number: _____ Effective Date ____/____/____

Account Name: _____ Phone #: _____

Contact Person: _____ Location: _____ Fax #: _____

Check the Appropriate Action Below:

Add New Acct. _____ Delete Acct. _____ Add Addl. Names _____ Change Restrictions. _____

Remove Names _____ Replace ALL Prior Names _____ Expiration Date ____/____/____
** Required of Grant Acct. **

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

Print Name & Z number of Authorized Signers
(Including name of Manager if appropriate)

Circle **Restriction** - Circle **ONLY** if Authorization is **NOT** Granted
Expiration date required if student

1. _____ Manager
Z # _____ Y ___ N ___

Requisitions Payroll Travel Office Services
Authorization Expiration _____

2. _____ Manager
Z # _____ Y ___ N ___

Requisitions Payroll Travel Office Services
Authorization Expiration _____

3. _____ Manager
Z # _____ Y ___ N ___

Requisitions Payroll Travel Office Services
Authorization Expiration _____

4. _____ Manager
Z # _____ Y ___ N ___

Requisitions Payroll Travel Office Services
Authorization Expiration _____

5. _____ Manager
Z # _____ Y ___ N ___

Requisitions Payroll Travel Office Services
Authorization Expiration _____

6. _____ Manager
Z # _____ Y ___ N ___

Requisitions Payroll Travel Office Services
Authorization Expiration _____

Note:
If individuals named above have not registered their signatures, also forward a Signature Registration Card. Use additional forms if needed.
Use space below for additional instructions.
Forward form to **Lora Stern**, Controller's Office, Adm. Bldg., Room 149, telephone # 7-3113.

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/controller/signature_system/sig_forms.php

----- Fiscal Affairs Use Only -----

Entered by: _____ Date: ____/____/____