

# Authorized Signature Form - Agency Account - Non-Student Organization

Exhibit 5-D(3)

Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_

(print or type) Title - Authorized Person	(print or type) Name - Authorized Person	Authorized Signature

**Note:** Agency Accounts and their officers are responsible for any financial obligations incurred by the organization and for any overdraft in their University Account. Only those persons signing this form (above) are considered authorized signers for the account. Original ink signatures only. Faxed, copied or stamped signatures are not allowed.

## Instructions - Authorized Signature Form:

Authorized signature must be exactly as it will appear on vouchers, payroll cards, requisitions, journal entries etc.

Dean / Vice President and Department Chairperson must approve, by signature below, the authorization to establish this account.

Approval - Dept. Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Approval - Dean or Vice President \_\_\_\_\_ Date: \_\_\_\_\_

Date of Update: 


(note: Signatures are valid until new account form is received by Accounting Department)