

1111 N. Cherry Ave., Room 403
P.O. Box 210109
Tucson, Arizona 85721

*Please complete this form and return it to the UA Foundation,
Financial Services Dept., Room 403, "Swede" Johnson Bldg.
Questions regarding this form may be directed to fssupport@uafoundation.org
or 621-5494. Faxed Copies are not accepted.*

| For UA Foundation Use Only | | |
|----------------------------|-----------------------------|-------------|
| <input type="checkbox"/> | Form completed | |
| <input type="checkbox"/> | Unit(s) verified | |
| <input type="checkbox"/> | Approval signature verified | |
| Reviewer: | | |
| | _____ | _____ |
| | <i>Initials</i> | <i>Date</i> |
| Processor: | | |
| | _____ | _____ |
| | <i>Initials</i> | <i>Date</i> |

Signature Authority Change Form

Prepared By: _____ **Telephone No.:** _____ **Date:** _____

Select One: **ADD** (must be a UA employee) **REMOVE** (signature not required)

Select One or Multiple:

Notes: The Foundation does not put signature authorities on the UA endowment projects as all disbursements are initiated through UAccess. Employee(s) will be given signature authority to the project(s) that exist at this point in time under the unit(s) selected below. Any future changes to projects (new projects, department changes, etc.) require a new form to be submitted.

By College: College Code(s) and Name(s): _____

By Department: Dept. No(s). and Name(s): _____

By Project: Project No(s). and Name(s): _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Print Name: _____ **Signature:** _____

Approval:

I hereby authorize the changes to signature authority above for the Foundation projects noted.

Printed Name – Dean, VP or Designee

Signature – Dean, VP or Designee

Date