

Accounts Payable Signature Authority

Please check one: Add to Existing Authorities | Replace all Existing Authorities

Department & Organization Number(s): _____

Department Head/Director: _____

Department Contact & Phone: _____

This form certifies that as of _____ (date), this department/office recognizes the listed individuals as approved signatories for all departmental payables. If additional space is needed attach a continuation page. A new form should be completed each time there is a change in Dean or Department Head or when those who have signature authority change.

_____ Signature	_____ Printed Name	_____ Position / Title
_____ Signature	_____ Printed Name	_____ Position / Title
_____ Signature	_____ Printed Name	_____ Position / Title
_____ Signature	_____ Printed Name	_____ Position / Title
_____ Signature	_____ Printed Name	_____ Position / Title

This document also serves as notice that as of _____ (date), the listed individuals below are no longer approved signatories for departmental payables and should be removed as such from General Accountings records.

_____ Printed Name	_____ Position / Title
_____ Printed Name	_____ Position / Title
_____ Printed Name	_____ Position / Title

Signature of Dept Head or Dean

Printed Name of Dept Head or Dean

(rev. DEC 2020)