

ACCOUNT AGREEMENT UPDATE

SIGNATURE AUTHORITY / RESPONSIBLE PARTY

Date: <input type="text"/>	Submitted by: <input type="text"/>
ACCT Number: <input type="text"/> (Seven Digit Account No.)	ACCT Name: <input type="text"/>

This form may be used to update the name of the person(s) with **signature authority** or the person(s) **responsible for an account** (who the account statements will be e-mailed to) on already established accounts.

REMINDER : AUTHORIZED SIGNERS AND THE RESPONSIBLE PERSON CANNOT BE THE SAME PERSON

The , of the
Department Institution

would like to change the following:

● **Change the person(s) authorized to sign on the above-referenced account to:**

<input type="checkbox"/> Addition	<input type="checkbox"/> Replacement	<input type="checkbox"/> Addition	<input type="checkbox"/> Replacement
Printed Name: <input type="text"/>		Printed Name: <input type="text"/>	
Title: <input type="text"/>		Title: <input type="text"/>	
E-mail: <input type="text"/>		E-mail: <input type="text"/>	
Phone: <input type="text"/>		Phone: <input type="text"/>	
Signature: <input type="text"/>		Signature: <input type="text"/>	
Replaces: <input type="text"/>		Replaces: <input type="text"/>	

● **Change the person(s) responsible for receiving the monthly statements to:**

<input type="checkbox"/> Addition	<input type="checkbox"/> Replacement	<input type="checkbox"/> Addition	<input type="checkbox"/> Replacement
Printed Name: <input type="text"/>		Printed Name: <input type="text"/>	
Title: <input type="text"/>		Title: <input type="text"/>	
E-mail: <input type="text"/>		E-mail: <input type="text"/>	
Phone: <input type="text"/>		Phone: <input type="text"/>	
Replaces: <input type="text"/>		Replaces: <input type="text"/>	

Note: Changes to the name or purpose of an account are typically not authorized, and must be discussed with the Vice President and CFO of the Foundation. Please e-mail the CFO.