



AUTHORIZED SIGNATURE CARD

NEW ACCOUNT: YES NO

EFFECTIVE DATE: _____

ACCOUNT TITLE: _____

ACCOUNT NUMBER: _____

DEPT. NAME: _____ SUB-DEPT NAME: _____ DEPT NO: _____ SUB-DEPT NO: _____

- INSTRUCTIONS:**
1. NEW ACCOUNTS - COMPLETE SECTIONS 1 & 2
 2. CHANGE IN THE AUTHORIZED SIGNER - COMPLETE SECTIONS 1 & 2
(A NEW AUTHORIZED SIGNER MUST RE-AUTHORIZE CURRENT SIGNERS)
 3. CHANGES IN DELEGATED SIGNERS - COMPLETE SECTION 2 ONLY
(ALL DELEGATED SIGNERS MUST SIGN CARD)

Controller's Office Use Only

SECTION 1

 COMPLETE TO ADD OR CHANGE AUTHORIZED SIGNER

 AUTHORIZED SIGNER

PRINT NAME: _____ UM ID NO. _____

SECTION 2

 COMPLETE TO ADD OR MAKE CHANGES IN DELEGATED SIGNERS

 DELEGATED SIGNERS

As the duly Authorized Signer of the above account, I hereby authorize the below named persons to sign by my direction and during my absence all University documents which normally require my signature.

1		
	PRINT NAME	SIGNATURE
2		
	PRINT NAME	SIGNATURE
3		
	PRINT NAME	SIGNATURE

My signature below certifies that I will monitor the account and that expenses charged to the account will conform to University policies.

	X	
PRINT NAME - AUTHORIZED SIGNER		SIGNATURE - AUTHORIZED SIGNER

Form #0246
Rev. 11/05

Distribution: Controllers Office (white) - Disbursement's Office (yellow)
Send completed cards to: DISBURSEMENTS OFFICE, 241 OROVITZ BLDG., CORAL GABLES, LOCATOR 1425