



THE UNIVERSITY AT ALBANY FOUNDATION
Signatory Authorization Form

Please complete this form and return to the Foundation office at UAB 226. Questions or concerns can be directed to the Foundation Office at 437-5090 or uafoundation@albany.edu.

Date of Request: _____ **Type of Request:**
Fund Manager Change _____ Additional Signatory Change: _____

Name of Fund: _____ **Account Number:** _____

Name of Fund: _____ **Account Number:** _____

Name of Fund: _____ **Account Number:** _____

If updating more than three accounts for one signatory, please attach a listing of the accounts to this form.

FUND MANAGER:

When updating the Fund Manager, all additional signatories will be removed unless confirmed to remain in the section below.

(Please type or print Name)

(Signature)

(Permanent Address)

(Campus Address & Phone Number)

(City, State & Zip)

Signature of Fund Manager transferring signatory rights:

(Required for Fund Manager Change Requests only)

By your signature on this form, you understand that Fund Managers, and their assigned signatories, are responsible for insuring that all deposits and disbursements to or from Foundation accounts are in accordance with the donors intent and the Foundation's Policies and Procedures. These procedures are found on the UAF webpage at:
https://www.albany.edu/uafoundation/uaf_policies.shtml

ADDITIONAL SIGNATORY:

Additional Signatories are optional. A Fund Manager signature is required for all Additional Signatory updates.

Additional Signatory (Please type or print Name)

(Signature)

(Campus Address & Phone Number)

Please check one:
Remain Assigned: _____ New _____ Remove _____

Additional Signatory (Please type or print Name)

(Signature)

(Campus Address & Phone Number)

Please check one:
Remain Assigned: _____ New _____ Remove _____

Comments: