

PLEASE MAKE COPIES AND KEEP THIS FORM AS ORIGINAL FOR FUTURE USE.

# FLORIDA ATLANTIC UNIVERSITY ACCOUNT MAINTENANCE FORM

Please type or print clearly

Index Number: \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Location: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Check the Appropriate Action Below:**

Add New Acct. \_\_\_\_\_ Delete Acct. \_\_\_\_\_ Add Addl. Names \_\_\_\_\_ Change Restrictions. \_\_\_\_\_

Remove Names \_\_\_\_\_ Replace ALL Prior Names \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*\* Required of Grant Acct. \*\*

Authorized By: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name/Title of Account Manager Account Manager

Print Name & Z number of Authorized Signers  
(Including name of Manager if appropriate)

Circle **Restriction** - Circle **ONLY** if Authorization is **NOT** Granted  
Expiration date required if student

1. \_\_\_\_\_ Manager  
Z # \_\_\_\_\_ Y \_\_\_ N \_\_\_

Requisitions Payroll Travel Office Services  
Authorization Expiration \_\_\_\_\_

2. \_\_\_\_\_ Manager  
Z # \_\_\_\_\_ Y \_\_\_ N \_\_\_

Requisitions Payroll Travel Office Services  
Authorization Expiration \_\_\_\_\_

3. \_\_\_\_\_ Manager  
Z # \_\_\_\_\_ Y \_\_\_ N \_\_\_

Requisitions Payroll Travel Office Services  
Authorization Expiration \_\_\_\_\_

4. \_\_\_\_\_ Manager  
Z # \_\_\_\_\_ Y \_\_\_ N \_\_\_

Requisitions Payroll Travel Office Services  
Authorization Expiration \_\_\_\_\_

5. \_\_\_\_\_ Manager  
Z # \_\_\_\_\_ Y \_\_\_ N \_\_\_

Requisitions Payroll Travel Office Services  
Authorization Expiration \_\_\_\_\_

6. \_\_\_\_\_ Manager  
Z # \_\_\_\_\_ Y \_\_\_ N \_\_\_

Requisitions Payroll Travel Office Services  
Authorization Expiration \_\_\_\_\_

Note:  
If individuals named above have not registered their signatures, also forward a Signature Registration Card. Use additional forms if needed.  
Use space below for additional instructions.  
Forward form to **Lora Stern**, Controller's Office, Adm. Bldg., Room 149, telephone # 7-3113.

A copy of this form initialed and dated by Fiscal Affairs staff member will be sent to you to serve as a confirmation of your request/update.  
The Signature System Forms and Instructions can be found on [http://www.fau.edu/controller/signature\\_system/sig\\_forms.php](http://www.fau.edu/controller/signature_system/sig_forms.php)

----- Fiscal Affairs Use Only -----

Entered by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_