

**ARKANSAS STATE UNIVERSITY
SYSTEM FOUNDATION, INC.**

REQUEST TO CHANGE ACCOUNT SIGNER

CHANGE AUTHORIZED ACCOUNT SIGNER:

Account Name: _____

Account Number: _____

If you are changing more than one account, list all affected account numbers and names on a separate page and attaché to this document

Reason for change: _____ Add signature
Delete signature Signature to delete: _____

Change approved by: _____

AGREEMENT – By my signature below, I agree to abide by the terms of the operating or gift agreement as applicable to the accounts(s).

SIGNATORY-ACCOUNT CONTROLLER:

_____	_____
Typed or Printed Name	Phone Number
_____	_____
Title	College/Department
_____	_____
Signature	E-mail Address

FOUNDATION USE ONLY:

Account number:

Authorization:

Date: