

SIGNATURE AUTHORITY and/or ELECTRONIC INQUIRY ACCESS

Use of this form establishes signature authority on expenditure accounts and/or grants inquiry authority to view account information online. Send the completed form to the Office of Fiscal Services.

(1) ACTION–Check One: NEW CANCEL MODIFY (add/delete accounts)		
If “NEW” checked, is new person replacing someone?	Yes, delete previous person	No
If “Yes” checked, name of person being replaced:		

(2) PERSON RECEIVING AUTHORIZATION	
Name (last, first):	Effective Date:
Title:	Expiration Date:
Dept:	Email:

(3) ACCOUNT NUMBERS and/or ACCOUNT MASKS AUTHORIZED (for Fiscal use only)	
<i>Account Name</i>	<i>Accounts (fund-program) or Masks</i>

(4) SIGNATURE AUTHORITY	
Signature authorization can only be granted to a budget manager/department head. The person whose signature appears below is authorized to initiate expenditures or commitments for the accounts indicated and agrees to comply with all provisions of the College’s <i>Financial Operations Policy and Procedure Manual</i> .	
Signature Specimen: As it will appear on all College documents	

(5) ELECTRONIC INQUIRY ACCESS	
The person whose signature appears below is authorized to view account activity contained in the financial system of the College. By signing below, the person understands that the data is confidential for the sole purpose of performing job duties and responsibilities. The person agrees that the username (login ID) and password will not be shared and is responsible for any accesses logged against the username.	
Confidentiality Agreement Signature:	

(6) PERSON GRANTING AUTHORIZATION	
I grant authority to the person named on this form, as specified above.	
Name (print):	Title:
Signature:	Date:

Fiscal Services Office Use Only:		System Administration Use Only: WebWizard	
Budget Officer ID:		Login ID:	
Input By:	Date:	Input By:	Date: