



Signature Verification

Use this form to give specimen signatures for those authorized to sign requests related to the accounts listed. Signers must be employees of the University of Oregon or the UO Foundation.

Prepared by (name)
Department

Phone #
Request date

- This is for all division number _____ accounts (if yes, skip to Reason)
 This is for all department number _____ accounts (if yes, skip to Reason)
 This is for the following accounts only
- | Account # | Account name |
|-----------|--------------|
|-----------|--------------|

Reason (check one)

To REMOVE current signer:

Name (printed)

To ADD new signer:

Signature of new signer

Name (printed)

To establish a NEW account (all authorized signers should appear below)

Signature

Name (printed)

Signature

Name (printed)

Signature

Name (printed)

Approval

I am aware that this constitutes delegation of authority to sign on my behalf but does not alleviate me of full responsibility.

Signature of VP, Dean, Director or Dept Head

Name (printed)

Title

Date

UO Foundation Processing

Date received	Entered by
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