

**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:**

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

**FOUNDATION USE ONLY:**

**Account number:**

**Authorization:**

**Date:**