# UNIVERSITY OF ARKANSAS FOUNDATION, INC.
# REQUEST TO CHANGE AUTHORIZED ACCOUNT SIGNER

**ACCOUNT NUMBER:** _____

**ACCOUNT NAME:** _____

**If you are changing more than one account, list all affected account numbers and names on a separate page and attach 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 account(s).**

## SIGNATURES

**SIGNATORY 1**

_____ Typed or Printed Name _____ Phone Number

_____ Title _____ Department, Building, Room Number, Campus

**Date:** _____ _____ Signature _____ E-Mail Address

**SIGNATORY 2**

_____ Typed or Printed Name _____ Phone Number

_____ Title _____ Department, Building, Room Number, Campus

**Date:** _____ _____ Signature _____ E-Mail Address

**SIGNATORY 3**

_____ Typed or Printed Name _____ Phone Number

_____ Title _____ Department, Building, Room Number, Campus

**Date:** _____ _____ Signature _____ E-Mail Address

**Return completed document to:**