



**CHANGE IN SIGNING AUTHORITY,  
MAIL DISTRIBUTION & VIP REPORTING ACCESS**

Any changes required for FOP or FA combinations must have the approval of the primary signing authority. Please complete only the sections and lines below that apply.

**FOP / FA #: OR Description of Mass Change:**

E.g. All operating funds in Organization 3xxxxx \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Changes Authorized by Primary Signing Authority:**

<u>Primary Signing Authority</u>	Print Name	Employee #	Signature
New PS:	_____	_____	_____
Remove PS:	_____	_____	
Effective Date:	_____		
Hard Copy Reports Required: Y <input type="checkbox"/> N <input type="checkbox"/> (note: all grant primary signing authorities will receive hard copy reports)			

<u>Alternate Signing Authority</u>	Print Name	Employee #	Signature
New AS:	_____	_____	_____
New AS:	_____	_____	_____
Remove AS:	_____	_____	
Effective Date:	_____		

<u>Payroll Mail Authority</u>	Print Name	Employee #
New PM:	_____	_____
Remove PM:	_____	_____
Effective Date:	_____	

<u>VIP Report Access</u>	Print Name	Employee #
New VR:	_____	_____
Remove VR:	_____	_____
Effective Date:	_____	

<u>Extra Copy of / Access to Report</u>	Print Name	Employee #
New XC:	_____	_____
Remove XC:	_____	_____
Effective Date:	_____	

**Approval of Primary Signing Authority:**

_____	_____	_____
Print Name	Signature	Date