



AUGUSTA UNIVERSITY  
**FOUNDATION**

**AUTHORIZED SIGNATURE FORM**

Fund Name:		Foundation Fund Number <i>(6 digits)</i> :	
Department Name:		Department Number:	
<b>Primary Signatory:</b> <i>(must sign at bottom)</i>		<b>Departmental Contact:</b> <i>(for fund reports)</i>	
Name:	AU ext:	Name:	AU ext:
Title:		Title:	

**ADDITIONAL AUTHORIZED SIGNATORIES**

Name:	AU ext:	Authorization Restricted?	Yes	No
Title:		List Applicable Restrictions:		
Signature:				
Name:	AU ext:	Authorization Restricted?	Yes	No
Title:		List Applicable Restrictions:		
Signature:				
Name:	AU ext:	Authorization Restricted?	Yes	No
Title:		List Applicable Restrictions:		
Signature:				

*The Primary Signatory must approve by signing at the bottom of this page. This submission will void all previous authorizations.*

Primary Signatory Signature

Date

**Please submit all completed forms to AUF Accounting in AD-1104 or through secure email to [Foundationacctng@augusta.edu](mailto:Foundationacctng@augusta.edu)**

*Revised 07/2022*