Instructions for Change of Signature(s) Form

1. **Deletions**—List names and titles of individuals who are currently on file as signatories that you would like removed from the Banking Contract. These individuals will no longer be authorized to sign disbursement requests.

2. **Additions**—Add names and titles of individuals you would like as new signatories:
   - Four (4) signatures are required on the Banking Contract but having five (5) is recommended.
     - Treasurer, President and Advisor are three (3) mandatory signatories.
     - An Executive Officer (listed on UConntact) will serve as the fourth mandatory signatory.
   - The fifth signatory (optional) must be an Executive Officer listed on UConntact.
   - Have all the signatories sign their most natural signatures, including signatories currently on file.

3. **Authorization** – The ONLY person authorized to sign the Change of Signature(s) Form is the President currently listed on UConntact.

4. **Submit and Update**
   - If this signature change includes a new Treasurer, be sure the new Treasurer has completed his/her Treasurer SOLID training prior to submitting the change.
   - Update your organization’s registration information on UConntact with the Leadership and Organizational Development Office.
   - Submit both the Change of Signature(s) Form and the Banking Contract to Business Services.

If you have any questions, please call (860) 486-3163 or email us at dsabusinessservices@uconn.edu.
Change of Signature(s) Form 2018-2019

After Steps 1 and 2 are completed, the form must be signed by the President currently listed on UConntact.

1. The following name(s) should be deleted from the list of authorized signatures:

   **DELETIONS -- PLEASE PRINT**

   NAME: ___________________________________ TITLE: __________________________
   NAME: ___________________________________ TITLE: __________________________
   NAME: ___________________________________ TITLE: __________________________
   NAME: ___________________________________ TITLE: __________________________

2. The following name(s) should be added to the list of authorized signatures:

   **ADDITIONS -- PLEASE PRINT**

   NAME: ___________________________________ TITLE: __________________________
   NAME: ___________________________________ TITLE: __________________________
   NAME: ___________________________________ TITLE: __________________________
   NAME: ___________________________________ TITLE: __________________________
   NAME: ___________________________________ TITLE: __________________________

3. I ______________________________ (President)

   of ___________________________________________

   (Organization Name and Org. ID)

   hereby authorize this change in signature(s) submitted by my organization.

   Signature: ______________________________ Date: ____/____/____

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**FOR BUSINESS SERVICES USE ONLY:**

Request Approved by: __________________________

Effective Date of Change: ____/____/____
**2018-2019 Banking Contract**

**ONLY Original Signatures Will Be Accepted**

**EFFECTIVE DATE:** 07/01/2018

**ORG. #: _______________**

**ORGANIZATION NAME:** __________________________________________________________

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**Banking Compliance Statement:**

We the undersigned, as duly authorized representatives of the above mentioned student organization, do hereby request to have an account with the Business Services Student Organizations Fund for a period of one academic year. We understand that all financial activity, including but not limited to cash receipts and disbursements, will be channeled through this Business Services account and that we will have no outside bank accounts. We further understand that we are required to have a Beneficiary Card on file and that a review of our financial activities will be annually performed by Business Services. We in turn pledge to keep proper accounting records in the form prescribed by the University and that these records will be made available for review upon request. Business Services reserves the right to decline or suspend services if the organization fails to comply or if services conflict with State or University policies and procedures. In the event the organization ceases operations and/or does not renew its contract it authorizes Business Services to disburse funds to its designated beneficiary for balances greater than or equal to $20; balances less than $20 will be disbursed to all other active account holding organizations. We also authorize Business Services to disperse funds for outstanding debts incurred, should the organization cease operations.

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**Treasurer**

(Required)

SIGNATURE

PRINT NAME ________________________ Net ID (abc10001) ________________________

PHONE ________________________ E-MAIL ________________________

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**Advisor Acknowledgement:**

I hereby state that I am a full-time faculty/staff member or graduate student of UConn serving as this organization’s advisor for the 2018-2019 academic year.

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**President**

(Required)

SIGNATURE

PRINT NAME ________________________ Net ID (abc10001) ________________________

PHONE ________________________ E-MAIL ________________________

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**OTHER (Exec. Officer)**

(Required)

SIGNATURE

PRINT NAME ________________________ Net ID (abc10001) ________________________

TITLE ________________________ E-MAIL ________________________

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**OTHER (Exec. Officer)**

(Optional)

SIGNATURE

PRINT NAME ________________________ Net ID (abc10001) ________________________

TITLE ________________________ E-MAIL ________________________

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**Business Services Approval:**

________________________________________________________ Date: ________________________