



**CAL POLY POMONA FOUNDATION, INC.**  
**Request for Account Change**

\_\_\_\_\_ Contact Person / Phone # \_\_\_\_\_ Date Requested

This form is to be used to change authorized signer, account title and or to close an account. All changes require the approval of the Dean, VP, or Enterprise Foundation Director level.

<input type="checkbox"/> Change Authorized Signers <input type="checkbox"/> Change Account Name <input type="checkbox"/> Close Account <input type="checkbox"/> Report Access	<b>ACCOUNT NUMBER</b>	<b>ACCOUNT NAME</b>
	1 _____	1 _____
	2 _____	2 _____
	3 _____	3 _____
	4 _____	4 _____
	5 _____	5 _____
	6 _____	6 _____
	7 _____	7 _____
8 _____	8 _____	

<u>To Add Authorized Viewers/Signers:</u>	<u>Email Address</u>	<u>Type of Access</u>
1. _____	_____	Viewer <input type="checkbox"/> Signer <input type="checkbox"/>
2. _____	_____	Viewer <input type="checkbox"/> Signer <input type="checkbox"/>
3. _____	_____	Viewer <input type="checkbox"/> Signer <input type="checkbox"/>
<u>To Remove Authorized Viewers/Signers:</u>	<u>Email Address</u>	<u>Date Effective:</u>
1. _____	_____	_____
2. _____	_____	_____

**SIGNATURE AUTHORIZATION AREA**

The Authorized Signer agrees to comply with any and all Cal Poly Pomona Foundation policies and procedures (as amended from time to time) as they apply to the project covered by this agreement. Please complete URPA signature card if you have not previously completed one for the same college, department and or division.

<b>TYPED NAME/TITLE</b>	<b>SIGNATURE</b>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

**Approved by Dean, VP, or Enterprise Fdn Dir** **College / Division / Department**

Please return this completed form to your internal manager in Foundation Financial Services Bldg 55.

**FOR ENTERPRISE FOUNDATION ACCOUNTING USE ONLY**

<b>INPUT CHECKLIST</b>	
PART 7 _____	Internal Mgr _____
GLUPKY _____	PEUPPE _____
INPUT BY _____	Date _____

*Please complete the following signature card. If you have previously completed and the college, department and or division has not changed please do not complete.*



**CAL POLY POMONA FOUNDATION, INC.  
PROJECT AGREEMENT SIGNATURE CARD**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Title:** \_\_\_\_\_

**College:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Division:** \_\_\_\_\_

Please return this completed form to your internal manager in Foundation Financial Services Bldg 55.

**ENTERPRISE FDN ACCOUNTING USE**

PART 7 \_\_\_\_\_  
GLUPKY \_\_\_\_\_  
INPUT BY \_\_\_\_\_

Internal Mgr \_\_\_\_\_  
PEUPPE \_\_\_\_\_  
DATE \_\_\_\_\_