Cobleskill

A CENTURY FINNOVATION CELEBRATING 100 YEARS . 1916-2016

## Record of Authorized signatures for Fiscal<sup>-</sup>

Instructions: It is a requirement that each year SUNY Cobleskill review and update the list of autho form to identify individuals with authorization to encumber or commit account funds. A separate reaccount. This record will remain active until further notification by account director. If you have a

at 255-5531.

Account Number	Account Title	Account Holder Last Name	Account Holder First Name	Delegate 1

I hereby authorize the changes that appear on this form to the account number listed above in which I a delegates(s) sign their signature below.

Account Holder Signature:

## Transaction (DIFR)

rized signatures for every DIFR account. Use this cord of authorized signatures is required for each ny questions, please contact the Business Office

Signatures	Delegate 2	Signatures

am responsible for. I have personally witnessed the

Date: