

REQUEST FOR CHANGE IN SIGNATORS

(For a copy of the "Policies and Procedures for Restricted Fund Accounts" please contact the FSA Office.)

As stated in the Policies and Procedures for Restricted Fund accounts, "Whenever signatory changes become necessary, new signators must certify that they understand and accept the guidelines for responsibility and liability of The HSCB Foundation by signing a Change of Signators Form. Only the Primary Signator may request a change of signators. If the Primary Signator is no longer on campus, the Dean, Chairman, or appropriate Vice President may request a change of signators. Whenever feasible, old signators shall sign off the account using the same form."

ACCOUNT NUMBER _____ DATE _____

NAME OF ACCOUNT _____

EFFECTIVE DATE OF CHANGE _____

PRIMARY SIGNATOR(S) _____
(Signature) (Print or Type Name)

Note: If the Primary Signator is no longer on campus, the Dean, Chairman, or appropriate Vice President may request a change of signators.

AGREEMENT: The new signator(s) requests and authorizes The HSCB Foundation to receive, accept custody for, and disburse funds. Assets of restricted funds in accounts of The HSCB Foundation are the property of The HSCB Foundation. The HSCB Foundation reserves the right to refuse to pay out any funds which, in its own recognizance, it determines may be unauthorized or improper. However, The HSCB Foundation will not be liable for any funds used by signator(s) which may be unauthorized or improper, provided the appropriate signator(s) has executed the withdrawal order. The HSCB Foundation assumes no liability for actions of signator(s). Signator(s) agrees to hold harmless The HSCB Foundation from any and all actions against it resulting from actions of signator(s).

NEW SIGNATOR(S) _____
(Signature) (Print or Type Name) Phone# Box#

and/or _____
(Signature) (Print or Type Name) Phone# Box#

FOR USE BY THE HSCB FOUNDATION

APPROVED BY _____ DATE _____