



### Request For Change on Existing Trust and Agency Account

**Instructions:**

- For changes in authorized signatures: Specify all names to be deleted as well as names added and attach the organization’s meeting minutes reflecting the change (new officer elections or additional signatories, etc.). **Provide original signatures on this document for all new signatures.**
  - Check One:**     \_\_\_ **Joint (TWO signatures)**, or \_\_\_ **Single** signature required on all disbursements for this account.
- For any other account change, describe in detail below.
- If the Main Representative (name) of account or persons responsible for the account (listed on the original account document) have changed, provide the updated names and contact information.
- Send completed original form to FSA at Mail Stop 1219 (StuCtr Rm 2-09). One copy will be returned when and if approved by FSA.

**Current Account Number:** \_\_\_\_\_ **Account Title:** \_\_\_\_\_

**The Account Agreement dated** \_\_\_\_\_ **between the Faculty Student Association and**  
(Insert the date of the Account’s **Original** application)

\_\_\_\_\_ **is hereby amended as follows:**  
(Insert organization name as stated on original account application)

Fully Describe the Change(s) Requested:

**Effective Date of New Changes:** \_\_\_\_\_

**Attach minutes of meetings or other similar organizational documentation where appropriate. Agreed to by the Board of Directors, or similar governance body, or the account holder as applicable, on (insert date) \_\_\_\_\_**

**X** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_  
**Signature of Main Representative of Account Holder**

<p><b>Do not write below this line: For FSA use Only</b></p> <p><b>Approved by, and on behalf of the FSA Board of Directors in accordance with the document “FSA Policies and Procedures for Trust and Agency Accounts” on:</b> _____</p> <p><b>Comments:</b></p> <p style="text-align: right;"><b>X</b> _____ <b>FSA President (or designee)</b></p>
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