

SAF BUDGET REQUEST & AGREEMENT FORM



FACULTY STUDENT ASSOCIATION
OF DOWNSTATE MEDICAL CENTER, INC.

SAF Account Authorized Signature Update Form

- Instructions:** Use this Form ONLY to update authorized signators on SAF Accounts
1. Complete this form.
 2. Attach the relevant meeting minutes showing the election of new officers being changed. Submit both documents to FSA Business Office (Box 1219; Student Center Room 2-09).

NAME OF STUDENT ORGANIZATION: _____

AFFECTED FSA SAF Account(s): _____

The FSA - Student Activity Fee Certified Budget and Agreement dated _____ is hereby amended as follows:

___ Remove the following Authorized Signator(s) as of _____:

Print Name(s) to be Removed	Prior Title

___ Add the following NEW Authorized Signator(s):

Officer Title	Print Name	Term of Office Ends (date)	Phone # (best way to reach you)	Signature (must be submitted as an original signature)

Check One: ___ JOINT or ___ SINGLE SIGNATURES REQUIRED FOR DISBURSEMENTS.

Other signature restrictions, if any (check your council bylaws – some do specify authorized signator requirements; insert any special instructions such as club accounts which may have different authorized signatures)

X _____
Applicant's Main Representative Signature

Date

DO NOT WRITE BELOW THIS LINE (FSA USE ONLY)

CERTIFICATION

Approved in accordance with the FSA guidelines entitled "Policies and Procedures for Trust and Agency Accounts" and "SUNY Board of Trustee Guidelines on Student Activity Fees"; Insert comments, if any:

FSA Approval SIGNATURE

Date: _____