

SOFAS Organization Account Name Change

Organization Information

Organization Name: _____
Organization #: _____
Date: _____

Reason for Name Change

Reason for name change: _____

New Account Name information

Account Name: _____

Authorized Signature Information

Authorized Signer #1 _____

Signature _____

Email _____

Authorized Signer #2 _____

Signature _____

Email _____

IMPORTANT REMINDER:

Please email form to sofas@ku.edu

New Account Name Process – SOFAS office only

- Verify both signatures are on signature card (Verified by _____)
- Update account name on PS
- Update account name on excel organization list

Comments: