

SOFAS Signature Authorization Form

Organization Information

Organization Name: _____

Organization #: _____

Date: _____

Authorized Signature Information

As officers of Student Organization at the University of Kansas. We certified that we are duly elected or appointed persons authorized to withdraw funds from the student organization named above.

Authorized Signer #1 _____

Signature _____

Email _____

KU Online ID _____

Authorized Signer #2 _____

Signature _____

Email _____

KU Online ID _____

Authorized Signer #3 _____

Signature _____

Email _____

KU Online ID _____

Faculty Sponsor Authorized Signature Information

The above signatures are correct. These persons are duly authorized to withdraw funds from the organization account, and meet my approval as Faculty Sponsor.

Faculty Sponsor: _____

Signature _____

Email _____

KU Online ID _____

Other Requirements- Check if wanted

- Check if two signatures are required for withdrawal (Required for Sports Clubs and Housing Clubs)
- Check if one signature must be the faculty sponsor

IMPORTANT:

The authorization and the signatures are to remain in effect until you are notified in writing of a change. If this account remains inactive for 5 years, the funds are forwarded to the State of Kansas. This form must be updated the beginning of each school year

Please email form to sofas@ku.edu
Method of receiving Monthly Statements

Email

US Mail Name:
Address:
City, State, Zip: