



The City University of New York

**AUTHORIZATION FOR SIGNATORY**

To: Livia Cangemi  
Director of Accounting

Date: \_\_\_\_\_

From: \_\_\_\_\_

Department: \_\_\_\_\_

Account Number: \_\_\_\_\_

Effective \_\_\_\_\_ the signatories for the above account are as follows:  
(insert date)

1.- \_\_\_\_\_  
Department Chair (Print) E-mail address \_\_\_\_\_

\_\_\_\_\_  
Signature

2.- \_\_\_\_\_  
Name & Title (Print) E-mail address \_\_\_\_\_

\_\_\_\_\_  
Signature

3.- \_\_\_\_\_  
Name & Title (Print) E-mail address \_\_\_\_\_

\_\_\_\_\_  
Signature

- ( ) Only one signature is required on Check Request for this account.
- ( ) Two signatures are required on Check Requests for this account.